

# Health & Families Council

Thursday, April 20, 2006 2:45 PM – 4:45 PM Reed Hall

**Action Packet** 

# House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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H-83 (2006)

#### AMENDMENT TO HB 275 CS by Rep. Glorioso

The amendment will add Hillsborough County to the pilot established by the bill and will add \$100,000 to the required appropriation.

(Y/N)

Amendment No. (for drafter's use only)

Bill No. 0275 CS

COONCID/ COMMITTEE.	ACTION
ADOPTED	(Y/N)
ADOPTED AS AMENDED	(Y/N)
ADOPTED W/O OBJECTION	(Y/N)
FAILED TO ADOPT	(Y/N)

COUNCIL /COMMITTEE ACTION

OTHER

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WITHDRAWN

Council/Committee hearing bill: Insurance Committee Representative(s) Glorioso offered the following:

Amendment (with title amendment)

Remove lines 38-75 and insert:

Pinellas, Hillsborough, and Pasco Counties to pay a portion of the cost of motor vehicle insurance for foster children who have obtained a driver's license.

(2) To the extent that funding is available, the pilot program shall provide funds to pay for a portion of the increase in the cost of motor vehicle insurance incurred by foster parents, residential facilities, and foster children living independently. To be eligible for payment under the pilot program, the person incurring the cost must submit to the department appropriate documentation demonstrating the increase in the cost of insurance. The amount of the payment provided to the foster parent, residential facility, or foster child living independently shall be one-half of the amount of the increase in the cost of motor vehicle insurance which is incurred as a result of adding the foster child to the policy or less than one-half if another source of funding is available to pay for

Redraft A

Amendment No. (for drafter's use only)

- the increase. The foster child must be encouraged to pay the other half of the increase in insurance costs.
- (3) The department shall develop procedures for operating the pilot program, including, but not limited to, determining eligibility, providing the payment, ensuring that payment is limited solely to the additional cost of including the foster child in the insurance policy, and ensuring that the payments are made to eligible persons in the order each person is determined eligible until the funds are exhausted.
- (4) The department shall examine and use, to the extent possible, other available options for funding the cost of the motor vehicle insurance increase, such as, but not limited to, through the child's master trust fund, social security income, child support payments, and other income available to the child.
- (5) Beginning January 1, 2007, and continuing for the duration of the pilot program, the department shall submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives an annual report on the success and outcomes achieved by the pilot program, with a recommendation as to whether the pilot program should be continued, terminated, or expanded.
  - Section 2. The sum of \$250,000 is appropriated from the

46 ====== T I T L E A M E N D M E N T ========

Remove line 14 and insert:

Sarasota, Desoto, Manatee, Pinellas, Hillsborough, and Pasco Counties;

Redraft A

# House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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# House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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#### **AMENDMENT 1 TO HB 645 CS**

This amendment expands participation in the pilot to five Panhandle counties that were impacted during the 2004 and 2005 hurricane season.

Amendment No. 1 (for drafter's use only)

Bill No. HB 645 CS

COUNCIL/COMMITTEE	ACTION
ADOPTED	(Y/N)
ADOPTED AS AMENDED	$\underline{\hspace{1cm}}$ $(\underline{Y}/N)$
ADOPTED W/O OBJECTION	V(Y/N)
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	

Council/Committee hearing bill: Health & Families Council Representative(s) Benson offered the following:

#### Amendment

Remove line(s) 36 - 37 and insert:

(a) Be located in Bay County, Broward County, Collier

County, Dade County, Escambia County, Monroe County, Okaloosa

County, Palm Beach County, Santa Rosa County, or Walton County;

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#### **AMENDMENT 2 TO HB 645 CS**

This amendment clarifies the maximum annual reimbursement amount.

Amendment No. 2 (for drafter's use only)

		Bill	No. H	645	cs
COUNCIL/COMMITTEE	ACTION				
ADOPTED	(Y/N)				
ADOPTED AS AMENDED	(Y/N)				
ADOPTED W/O OBJECTION	<u> </u>				
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OTHER					
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Council/Committee hearing	ng bill: Health	& Familie	es Counc	cil	
Representative(s) Ben	son offered the :	following	:		
Amendment					

Remove line(s) 55 - 58 and insert:

shall reimburse the facility for up to one-half the cost of the contract described in paragraph (2)(e) to secure an electrical generator, which reimbursement shall not exceed \$7,500 for each year of the 2-year pilot program. The agency shall also reimburse the facility for the

#### **AMENDMENT 3 TO HB 645 CS**

This amendment requires AHCA to develop a reimbursement plan in order to draw down federal funding and expand the program beyond the pilot area.

Amendment No. 3 (for drafter's use only)

Bill No HB 645 CS

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Council/Committee hearing	g bill: Health &	Families Cou	ncil	
Representative(s) Bens				
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Amendment (with tit	e amendments)			
Remove line(s) 94 a	d insert:			
(7) The agency is	lirected to develop	a reimburse	ment p	lan
to maximize federal fund				
program. The plan shall			_	her
counties and shall take				
participants in the pilo				ed
to the President of the				
Representatives by Decem				_
Section 2. This ac	shall take effect	upon becomir	ng a la	aw.
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the agency to adopt	rules; requiring th	ne Agency for	: Healt	:h

Care Administration to prepare a reimbursement plan;

providing an effective date.

# House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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#### Amendment to HB 675 by Rep. Pickens

The amendment provides a public necessity statement for the public records exemption in HB 675. A public necessity statement is required by Article 1, section 24(c) of the Florida Constitution for any public records exemption. Currently the bill does not have a public necessity statement. The public necessity statement explains how limiting how a transaction involving the lease of a hospital may be construed as a public necessity.

### HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. (for drafter's use only)

Bill No. HB 675 CS

COUNCIL/COMMITTEE .	ACTION
ADOPTED	(Y/N)
ADOPTED AS AMENDED	(Y/N)
ADOPTED W/O OBJECTION	(Y/N)
FAILED TO ADOPT	(Y/N)
WITHDRAWN	<u> </u>
OTHER	·

Council/Committee hearing bill: Health & Families Council Representative(s) Pickens offered the following:

#### Amendment (with directory and title amendments)

Between lines 134-135 insert:

Section 2. (1) The Legislature finds that it is a public necessity to limit how a transaction involving the lease of a hospital may be construed. The Legislature further finds that it is a public necessity that all records of a private corporation be kept confidential and exempt from the public records and public meeting laws of this state when the private corporation leases a public hospital or other public health care facility from a public entity in accordance with the terms of section 155.40, Florida Statutes, and chapter 395, Florida Statutes. The Legislature further finds that private corporations have entered into such leases in reliance on the legal standards governing the application of the public records and open meeting laws to such lease agreements.

(2) One such standard, which was set forth in case law existing at the time of a transaction, provided that such private lessees were not "acting on behalf of" the public entity

Amendment No. (for drafter's use only)

- 22 and, therefore, not subject to the state's public records laws
  23 so long as the public entity did not retain control over the
- 24 private lessee. No one factor was used to determine whether the
- 25 public entity exerted control; instead a "totality of factors"
- 26 was analyzed and the decision made on the balance of those
- 27 <u>factors</u>. Recent court decisions, however, have applied the
  - standard in a manner that may cause more lessees to be subject
  - to public records and meetings requirements. The Legislature finds that the effect of the decision has been:
    - (a) To create uncertainty with respect to the status of records and meetings under existing lease arrangements; and
    - (b) To create a disincentive for private corporations to enter into such lease agreements in the future.
    - (3) Public entities have chosen to privatize the operations of their public hospitals and public health care facilities in order to alleviate three problems that pose a significant threat to the continued viability of Florida's public hospitals:
    - (a) A financial drain on the facilities from their forced participation in the Florida Retirement System;
    - (b) The competitive disadvantage placed on these facilities vis a vis their private competitors resulting from their required compliance with the state's public records and public meeting laws; and
    - (c) Restrictions on public facility participation in partnerships with private corporations because of the limitations contained in the State Constitution.
  - (4) For years, the Legislature has approved and encouraged these leases, first through special acts that it has adopted authorizing the lease agreements and, more recently, through the

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 adoption of section 155.40, Florida Statutes, which provides for the conversion of public hospital facilities to private operation by lease, as a means to provide public entities with the necessary flexibility to use these public assets in a manner that best serves the interests of the public. Through such lease arrangement, public entities have been able to obtain substantial and oftentimes desperately needed private capital investment into these facilities and to relieve the oftentimes—burdensome drain on public tax revenues, which resulted from public operation.

- (5) In the absence of a defined and, therefore, predictable statewide standard for determining when the public records and public meetings laws apply to future lease agreements, public entities may find it difficult, if not impossible, to find a private corporation that is willing to enter into a lease to operate the public hospital or other public health care facility. This, in turn, could force the public entity:
- (a) To close the hospital or other health care facility, which would result in a reduction in health care services to the public;
- (b) To sell the hospital or other health care facility, which sale, if the facility has deteriorated because of inadequate capital investments over time, will likely be at a loss; or
- (c) To continue operating the hospital or other health care facility using public tax dollars to subsidize recurring losses.

  None of these options is in the best interest of the public.
- (6) The Legislature, therefore, finds that it is a public necessity for it, through this act, to clarify when the public

# HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. (for drafter's use only)

records and public meeting laws apply to private lessees of public hospital or other public health care facilities. The Legislature further finds that it is a public necessity for these private lessees to be exempt from the public records and public meetings laws of the state so long as, applying the standard codified by this act, the public entity does not retain control over the private entity.

The Legislature further finds that it is a public necessity for it, through this act, to clarify when the public records and public meeting laws apply to a private purchaser of a public hospital or other public health care facilities. The Legislature also finds that it is a public necessity that the records of a private corporation that purchases a public hospital pursuant to s. 155.40, Florida Statutes, be made confidential and exempt from public records requirements and be made exempt from public meetings requirements. The Legislature has always intended that private entities that purchase public hospitals not be subject to the public records and public meetings laws of the state because the private entities do not act on behalf of the public entities from whom they purchase a public hospital. Some recent court decisions, however, have found that private entities that purchase public hospitals are subject to public records and public meetings laws and have failed to recognize that the public entity does not retain any control over the private entity or the formerly public hospital following the sale of a public hospital to a private entity. Therefore, the Legislature finds that it is a public necessity to confirm its intent that private entities that purchase formerly <u>public</u> <u>hospitals</u> are not subject to the public records laws or public meetings laws of the state.

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(8) Public entities choose to sell their public hospitals to private corporations when the public entity is no longer able to operate the hospital in a fiscally responsible manner and where taxpayers would otherwise be required to finance the operations of the hospital beyond indigent care. If the public records laws and public meetings laws apply to private corporations that purchase public hospitals, public entities may find it difficult, if not impossible, to find a private corporation that is willing to purchase or lease a public hospital. This could force the public entity to close the hospital, which would result in a reduction in health care services to the public, or continue operating the hospital using public tax dollars to subsidize recurring losses. Neither of these options is in the best interest of the public. The Legislature, therefore, finds that it is a public necessity to confirm that the state's public records laws and public meetings laws do not apply to any private corporation that purchases a public hospital, regardless of whether the corporation had previously leased that public hospital and provided that the private entity does not act on behalf of the public entity.

(9) Finally, the Legislature finds that a lessee or purchaser of a public hospital or other health care facility does not act on behalf of the public entity and is not subject to the public records or public meetings laws of the state, provided that the public entity does not retain control over such lessee or purchaser. To find otherwise would place private entities that purchase or lease public hospitals at a competitive disadvantage compared to other private entities that own or lease private hospitals that were not formerly public

Amendment No. (for drafter's use only)

hospitals and would serve as a disincentive to private entities

considering the purchase or lease of a public hospital.

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144 ====== D I R E C T O R Y A M E N D M E N T =======

Remove line(s) 18 and 19 and insert:

Section 1. Section 155.40, Florida Statutes, is reenacted

and amended to read:

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========= T I T L E A M E N D M E N T =========

Remove lines 8 - 14 of the title and insert:

district, or municipal hospital; reenacting s. 155.40, F.S.;

amending s. 155.40, F.S.; providing for the effect of the sale

of a public hospital to a private purchaser; providing that the

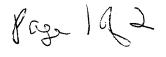
purchaser of a public hospital is not acting on behalf of the

public entity seller and is not an agency within the meaning of

ch. 119, F.S., unless the sale document expressly provides to

157 the contrary; providing a finding of public necessity; providing

158 an effective date.



### House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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Requested to Speak: R

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# House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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#### Amendment to HB 685 by Rep. Homan

The amendment expands the definition of pedigree papers. The amendment provides that pedigree papers are also a statement in written or electronic form, under oath, that:

- If the establishment is not a member of an affiliated group: "This
  establishment purchased the specific unit of the prescription drug directly
  from the manufacturer";
- If the establishment is a member of an affiliated group: "This
   establishment or member of my affiliated group purchased the specific unit
   of the prescription drug directly from the manufacturer."

The amendment allows for a pedigree paper phase in period for inventory on the shelf July 1, 2006 and the return of prescription drug product sold prior to July 1, 2006 but returned after July 1, 2006. Provisions for drop ship wholesale distribution of prescription drugs are provided for in the amendment, as well as phase-in rule-making authority for the Department of Health.

The amendment reenacts pedigree paper violation criminal penalties. This provides that the criminal penalties will apply to the new definition of pedigree papers.

Amendment	No.	(for	drafter's	use	only)

Bill No. HB 685 CS

#### COUNCIL/COMMITTEE ACTION

ADOPTED (Y/N)ADOPTED AS AMENDED (Y/N) ADOPTED W/O OBJECTION (Y/N)FAILED TO ADOPT (Y/N) (Y/N)

Representative(s) Homan

WITHDRAWN

OTHER

Council/Committee hearing bill: Health & Families Council

offered the following:

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Amendment (with directory and title amendments)

Between line(s) 34-35 insert:

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Section 1. Subsection (31) of section 499.003, Florida Statutes, is amended to read:

499.003 Definitions of terms used in ss. 499.001-499.081.--As used in ss. 499.001-499.081, the term:

- (31) "Pedigree paper" means:
- (a) A document required pursuant to s. 499.0121(6)(d) or (e); or
  - (b) Effective July 1, 2006:
- 1. A document or electronic form approved by the Department of Health and containing information that records each distribution of any given legend drug, from sale by a pharmaceutical manufacturer, through acquisition and sale by any wholesaler or repackager, until final sale to a pharmacy or other person administering or dispensing the drug; or

- 2. If the specific unit of the prescription drug was

  22 purchased by the wholesaler directly from the manufacturer, a

  23 statement in written or electronic form, under oath, that:
  - a. If the establishment is not a member of an affiliated group: "This establishment purchased the specific unit of the prescription drug directly from the manufacturer";
  - b. If the establishment is a member of an affiliated group: "This establishment or a member of my affiliated group purchased the specific unit of the prescription drug directly from the manufacturer".

As used in subparagraph (b)2., "directly from the manufacturer" has the same meaning as 499.012(1)(e).

The information required to be included on the form prescribed by the department pursuant to subparagraph (b)1. a legend drug's pedigree paper must at least detail the amount of the legend drug; its dosage form and strength; its lot numbers; the name and address of each owner of the legend drug and his or her signature; its shipping information, including the name and address of each person certifying delivery or receipt of the legend drug; an invoice number, a shipping document number, or another number uniquely identifying the transaction; and a certification that the recipient wholesaler has authenticated the pedigree papers. If the manufacturer or repackager has uniquely serialized the individual legend drug unit, that identifier must also be included on the form prescribed by the department pursuant to subparagraph (b) 1. pedigree. It must also include the name, address, telephone number and, if available, e-mail contact information of each wholesaler involved in the chain of the legend drug's custody. The department shall adopt

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Amendment No. \_\_\_\_ (for drafter's use only)
rules and a form relating to the requirements of <u>subparagraph</u>
(b)1. this paragraph no later than 90 days after the effective date of this act.

With respect to those prescription drugs in the inventory of a wholesaler on June 30, 2006, and notwithstanding the information required by subparagraph (c) to be included on the form specified by the department, the department shall adopt rules, including emergency rules, that shall expire on January 1, 2007, to reduce the specific items of information required to be included on the form specified by the department so that wholesalers have until December 31, 2006, to dispose of those prescription drugs in their physical inventory on June 30, 2006, utilizing the information that is required to be provided by such a wholesaler pursuant to s. 499.0121(6)(d) or (e), whichever is appropriate. Each wholesaler shall submit to the department an inventory of all of the prescription drugs in the possession of the wholesaler not later than July 17, 2006. The rules adopted pursuant to this paragraph do not apply to any wholesaler that fails to submit its inventory to the department by July 17, 2006. The provisions of this paragraph expire on January 1, 2007.

Section 2. Paragraph (e) of subsection (3) of section 499.0661, Florida Statutes, is amended to read:

499.0661 Cease and desist orders; removal of certain persons.--

- (3) REMOVAL OF AFFILIATED PARTIES BY THE DEPARTMENT. --
- (e)1. The chief executive officer, designated representative, or the person holding the equivalent office, of a permittee shall promptly notify the department if she or he

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Amendment No. \_\_\_\_ (for drafter's use only)
has actual knowledge that any affiliated party is charged with a
felony in a state or federal court.

Whenever any affiliated party is charged with a felony in a state or federal court or with the equivalent of a felony in the courts of any foreign country with which the United States maintains diplomatic relations, and the charge alleges violation of any law involving prescription drugs, pharmaceuticals, fraud, theft, or moral turpitude, the department may enter an emergency order suspending the affiliated party or restricting or prohibiting participation by the affiliated party in the affairs of the particular permittee or of any other permittee upon service of the order upon the permittee and the affiliated party charged. The order must contain notice of opportunity for a hearing pursuant to ss. 120.569 and 120.57, where the affiliated party may request a postsuspension hearing to show that continued service to or participation in the affairs of the permittee does not pose a threat to the public health or the interests of the permittee and does not threaten to impair public confidence in the permittee. In accordance with applicable departmental rules, the department shall notify the affiliated party whether the order suspending or prohibiting the person from participation in the affairs of a permittee will be rescinded or otherwise modified. The emergency order remains in effect, unless otherwise modified by the department, until the criminal charge is disposed of. The acquittal of the person charged, or the final, unappealed dismissal of all charges against the person, dissolves the emergency order but does not prohibit the department from instituting proceedings under paragraph (a). If the person charged is convicted or pleads guilty or nolo contendere,

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Amendment No. \_\_\_\_ (for drafter's use only)

whether or not an adjudication of guilt is entered by the court, the emergency order shall become final.

- 3. Whenever a permittee is charged with violation of ss. 499.0051 or 499.0052, the department shall enter an emergency order suspending the permittee's permit. The order must contain notice of opportunity for a hearing pursuant to ss. 120.569 and 120.57, where a permittee may request a postsuspension hearing to show that continued operation by the permittee under his or her permit does not pose a threat to the public health and does not threaten to impair public confidence in the permittee. In accordance with applicable departmental rules, the department shall notify the permittee whether the order suspending the permit of the permittee will be rescinded or otherwise modified. The emergency order remains in effect, unless otherwise modified by the department, until the criminal charge is disposed of. The acquittal of the permittee charged, or the final, unappealed dismissal of all charges against the permittee, dissolves the emergency order but does not prohibit the department from instituting proceedings under paragraph (a). If a permittee charged with a violation of ss. 499.0051 or 499.0052 is convicted or pleads guilty or nolo contendere, whether or not an adjudication of guilt is entered by the court, the emergency order shall become final.
- 4. The department shall publish on its website a list of all permittees against whom an emergency order or a permanent order under this section is entered.
- Section 3. Subsections (8), and (9) are added to section 499.067, Florida Statutes, to read:
- 499.067 Denial, suspension, or revocation of permit, certification, or registration.--

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- (8) The department shall deny an application for a permit for an establishment if the applicant, any person named pursuant to s. 499.012(3)(k) in the applicant's application, or the person designated pursuant to s. 499.012(11) by an applicant have been convicted or plead guilty or nolo contendere, whether or not an adjudication of guilt is entered by the court.
- establishment if the permittee, any person named pursuant to s. 499.012(3)(k) in the permittee's application, or the person designated pursuant to s. 499.012(11) by the permittee are convicted or plead guilty or nolo contendere, whether or not an adjudication of guilt is entered by the court.

Section 4. Paragraph (f) of subsection (6) of section 499.0121, Florida Statutes, is amended to read:

- 499.0121 Storage and handling of prescription drugs; recordkeeping.—The department shall adopt rules to implement this section as necessary to protect the public health, safety, and welfare. Such rules shall include, but not be limited to, requirements for the storage and handling of prescription drugs and for the establishment and maintenance of prescription drug distribution records.
- (6) RECORDKEEPING. -- The department shall adopt rules that require keeping such records of prescription drugs as are necessary for the protection of the public health.
- (f)1. Effective July 1, 2006, each person who is engaged in the wholesale distribution of a prescription drug and who is not the manufacturer of that drug must, before each wholesale distribution of such drug, provide to the person who receives the drug a pedigree paper as defined in s. 499.003(31).
  - 2. A repackager must comply with this paragraph.

- not apply to compressed medical gases or veterinary legend drugs.

maintain separate and distinct from other required records all statements that are required under subparagraph 1.

5. In order to verify compliance with subparagraph (d)1.,

The pedigree paper requirements in this paragraph do

Each wholesale distributor of prescription drugs must

- each manufacturer of a prescription drug sold in this state must make available upon request distribution documentation related to its sales of prescription drugs, regardless of whether the prescription drug was sold directly by the manufacturer to a person in Florida.
- 6. Subparagraph (f)1. of this subsection does not apply where a wholesale distributor takes title to, but not possession of, a prescription drug, and the prescription drug's manufacturer ships the prescription drug directly to an entity authorized by law to administer or dispense prescription drugs or an affiliated group as defined in subparagraph (h)1. of this subsection.
- a. The wholesale distributor must send an invoice to the purchaser of the prescription drug that contains a clear cross-reference to the shipping document sent by the manufacturer to the purchaser of the prescription drug.
- b. The purchaser of the prescription drug must obtain a shipping document from the manufacturer that contains, at a minimum:
- (I) The name and address of the manufacturer, including the point of origin of the shipment; the wholesaler; and such purchaser;

	HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES
	Amendment No (for drafter's use only)
99	(II) The name of the prescription drug as it appears on
200	the label;
201	(III) The quantity, dosage form, and strength of the
202	prescription drug; an
203	(IV) The date of the shipment.
204	The manufacturer must also make available to the department,
205	upon request, the lot number of such drug if not contained in
206	the shipping document received by such purchaser.
207	7. The department may by rule define alternatives to
208	compliance with subparagraph (f)1. for a prescription drug in
209	the inventory of a permitted prescription drug wholesaler as of
210	June 30, 2006; the drop shipment of a prescription drug from the
211	manufacturer of the drug to those entities specified under
212	subparagraph (6)(f)6. of this subsection; and the return of a
213	prescription drug purchased prior to July 1, 2006. The
214	department may specify time limits for such alternatives.
215	Section 5. Subsection (29) of section 499.005, Florida
216	Statutes, is amended to read:
217	499.005 Prohibited actsIt is unlawful for a person to
218	perform or cause the performance of any of the following acts in
219	this state:
220	(29) The receipt of a prescription drug pursuant to a
221	wholesale distribution without first receiving a pedigree paper
222	as defined in s. 499.0033(31) or shipping document in compliance
223	with s. $499.0121(6)(f)$ that was attested to as accurate and
224	complete by the wholesale distributor.
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227	Remove line(s) 6 and insert:
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(for drafter's use only) Amendment No. 29 An act relating to drug distribution; amending s. 230 499.003, F.S., amending a definition; requiring the 231 department to create a form to conform to the changed 232 definition; requiring the department to create a rule 233 for the disposal of prescription drugs in inventory 234 on June 30, 2006; requiring wholesalers to provide a 235 list of inventory by a specified date; providing an 236 expiration date; amending s. 499.0661, F.S., 237 providing for emergency suspension of a permittee if 238 convicted of specified violations; requiring the 239 department to publish certain permittee names; amending s. 499.067, F.S., prohibiting issuance of 240 241 permits to specified applicants; requiring revocation 242 of permits of specified permittees; amending s. 243 499.0121, F.S., providing an exception for certain 44 shipment of drugs; requiring certain information on a shipping document; authorizing the department to 245 246 promulgate certain rules; amending s. 499.005, F.S., 247 prohibiting a person from receiving a prescription 248 drug without specified shipping document; amending

### HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. (for drafter's use only)

Bill No. HB 685 CS

#### COUNCIL/COMMITTEE ACTION

ADOPTED \_\_\_\_\_ (Y/N)
ADOPTED AS AMENDED \_\_\_\_\_ (Y/N)
ADOPTED W/O OBJECTION \_\_\_\_\_ (Y/N)
FAILED TO ADOPT \_\_\_\_\_\_ (Y/N)
WITHDRAWN \_\_\_\_\_ (Y/N)
OTHER

Council/Committee hearing bill: Health and Family Representative(s) Homan offered the following:

#### Amendment to Amendment by Representative Homan

Remove line(s) 185 - 188 and insert:

manufacturer ships the prescription drug directly to a person
authorized by law to administer or dispense prescription drugs
or a member of an affiliated group, as described in paragraph
(h) of this subsection, with the exception of a repackager.

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### HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. (for drafter's use only)

Bill No. HB 685 CS

COUNCIL/COMMITTEE	ACTION
ADOPTED	(Y/N)
ADOPTED AS AMENDED	(Y/N)
ADOPTED W/O OBJECTION	(Y/N)
FAILED TO ADOPT	\( \forall Y / N \)
WITHDRAWN	(Y/N)
OTHER -	
Council/Committee heari	ng bill: Health and Family
Representative(s) Hom	an offered the following:
Amendment to Amend	ment by Representative Homan
Remove line(s) 210	- 212 and insert:
June 30, 2006 and the r	eturn of a

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### HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. (for drafter's use only)

Bill No. HB 685 CS

#### COUNCIL/COMMITTEE ACTION

ADOPTED \_\_\_\_\_ (Y/N)
ADOPTED AS AMENDED \_\_\_\_\_ (Y/N)
ADOPTED W/O OBJECTION \_\_\_\_\_ (Y/N)
FAILED TO ADOPT \_\_\_\_\_\_ (Y/N)
WITHDRAWN \_\_\_\_\_ (Y/N)
OTHER

Council/Committee hearing bill: Health and Family Representative(s) Homan offered the following:

#### Amendment to Amendment by Representative Homan

Remove line(s) 221 - 224 and insert: wholesale distribution with <u>either</u> first receiving a pedigree paper that was attested to as accurate and complete by the wholesale distributor <u>or complying with the provisions of s.</u> 499.0121 (6) (f) 6.

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Amendment	No. (	(for	drafter'	S	use	only)	

		Bill No.	HB 685 CS
COUNCIL/COMMITTEE	ACTION		
ADOPTED	(Y/N)		
ADOPTED AS AMENDED	(Y/N)		
ADOPTED W/O OBJECTION	(Y/N)		
FAILED TO ADOPT	(Y/N)		
WITHDRAWN	(Y/N)		
OTHER			

Council/Committee hearing bill: Health & Families Council Representative(s) Garcia offered the following:

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# Substitute Amendment for Amendment (1) by Representative Homan (with directory and title amendments)

Remove line(s) 7-224 and insert:

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Section 1. Subsection (31) of section 499.003, Florida Statutes, is amended to read:

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499.003 Definitions of terms used in ss. 499.001-499.081.--As used in ss. 499.001-499.081, the term:

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(31) "Pedigree paper" means:

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A document required pursuant to s. 499.0121(6)(d) or (e); or

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Effective July 1, 2006, a document or electronic form approved by the Department of Health and containing information that records each distribution of any given legend drug, from sale by a pharmaceutical manufacturer, through acquisition and sale by any wholesaler or repackager, until final sale to a pharmacy or other person administering or dispensing the drug. The information required to be included on a legend drug's pedigree paper must at least detail the amount of the legend

Amendment No. \_\_\_\_ (for drafter's use only)

drug; its dosage form and strength; its lot numbers; the name and address of each owner of the legend drug and his or her signature; its shipping information, including the name and address of each person certifying delivery or receipt of the legend drug; an invoice number, a shipping document number, or another number uniquely identifying the transaction; and a certification that the recipient wholesaler has authenticated the pedigree papers. If the manufacturer or repackager has uniquely serialized the individual legend drug unit, that identifier must also be included on the pedigree. It must also include the name, address, telephone number and, if available, e-mail contact information of each wholesaler involved in the chain of the legend drug's custody. The department shall adopt rules and a form relating to the requirements of this paragraph no later than 90 days after the effective date of this act; or-

- (c) A document or electronic form approved by the

  Department of Health and containing information that records
  each distribution of any given legend drug, from sale by a
  pharmaceutical manufacturer, through acquisition and sale by any
  wholesaler or repackager, until final sale to a pharmacy or
  other person administering or dispensing the drug; or if the
  specific unit of the legend drug was purchased by a wholesaler
  directly from the manufacturer "direct purchase wholesaler," an
  invoice for the specific unit of the legend drug together with a
  certificate under oath in written or electronic form stating
  that:
- 1. If the establishment is not a member of an affiliated group: "This establishment purchased the specific unit of the prescription drug directly from the manufacturer."
- 2. If the establishment is a member of an affiliated group: "This establishment or a member of its affiliated group

Amendment No. (for drafter's use only) purchased the specific unit of the prescription drug directly 54 55 from the manufacturer." 56 The provisions in this paragraph shall constitute a sufficient 57 pedigree paper only for the purpose of the Direct Purchaser 58 59 Wholesaler engaging in a single sale or distribution transaction in that specific unit of legend drug to an entity authorized by 60 law to purchase legend drugs for the purpose of administering or 61 dispensing the drug pursuant to s. 465.003. No other 62 63 transactions in that specific unit of legend drug may take 64 place, unless the Direct Purchase Wholesaler creates and 65 furnishes to any subsequent purchaser a pedigree paper such as described herein. Such pedigree paper shall be prepared and 66 updated for every transfer following the Direct Purchase 67 68 Wholesaler's receipt of the specific unit of legend drug 69 directly from the manufacturer. The information required to be 70 included on the form prescribed by the Department of Health pursuant to this section and required of any subsequent 71 transfers of legend drugs received by a Direct Purchase 72 Wholesaler in a transaction governed by this section as 73 described herein must at least detail the amount of the legend 74 75 drug; its dosage form and strength; its lot numbers; the name and address of each owner of the legend drug after the 76 manufacturer and his or her signature; its shipping information, 77 including the name and address of each person certifying 78 79 delivery or receipt of the legend drug after the manufacturer; an invoice number, a shipping document number, or another number 80 81 uniquely identifying the transaction; and a certification that the recipient wholesaler has authenticated the pedigree papers 82 as required herein. If the manufacturer or repackager has 83 uniquely serialized the individual legend drug unit, that 84

Amendment No. \_\_\_\_ (for drafter's use only)

- 85 identifier must also be included on the form prescribed by the
- 86 Department of Health and required of any subsequent transfers of
- 87 prescription drugs received by a wholesaler in a transaction
- 88 governed by this section. It must also include the name,
- 89 address, telephone number and, if available, e-mail contact
- 90 information of each wholesaler involved in the chain of the
- 91 legend drug's custody. The department shall adopt rules and a
- 92 form relating to the requirements of this paragraph.

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- Section 2. Paragraph (e) of subsection (3) of section 499.0661, Florida Statutes, is amended to read:
- 499.0661 Cease and desist orders; removal of certain persons.--
  - (3) REMOVAL OF AFFILIATED PARTIES BY THE DEPARTMENT. --
- (e)1. The chief executive officer, designated representative, or the person holding the equivalent office, of a permittee shall promptly notify the department if she or he has actual knowledge that any affiliated party is charged with a felony in a state or federal court.
- 2. Whenever any affiliated party is charged with a felony in a state or federal court or with the equivalent of a felony in the courts of any foreign country with which the United States maintains diplomatic relations, and the charge alleges violation of any law involving prescription drugs, pharmaceuticals, fraud, theft, or moral turpitude, the department may enter an emergency order suspending the affiliated party or restricting or prohibiting participation by the affiliated party in the affairs of the particular permittee or of any other permittee upon service of the order upon the permittee and the affiliated party charged. The order must contain notice of opportunity for a hearing pursuant to ss. 120.569 and 120.57, where the affiliated party may request a

Amendment No. \_\_\_\_\_ (for drafter's use only)

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postsuspension hearing to show that continued service to or participation in the affairs of the permittee does not pose a threat to the public health or the interests of the permittee and does not threaten to impair public confidence in the permittee. In accordance with applicable departmental rules, the department shall notify the affiliated party whether the order suspending or prohibiting the person from participation in the affairs of a permittee will be rescinded or otherwise modified. The emergency order remains in effect, unless otherwise modified by the department, until the criminal charge is disposed of. The acquittal of the person charged, or the final, unappealed dismissal of all charges against the person, dissolves the emergency order but does not prohibit the department from instituting proceedings under paragraph (a). If the person charged is convicted or pleads guilty or nolo contendere, whether or not an adjudication of guilt is entered by the court, the emergency order shall become final.

3. Whenever a permittee is charged with violation of ss. 499.0051 or 499.0052, the department may enter an emergency order suspending the permittee's permit. The order must contain notice of opportunity for a hearing pursuant to ss. 120.569 and 120.57, where a permittee may request a postsuspension hearing to show that continued operation by the permittee under his or her permit does not pose a threat to the public health and does not threaten to impair public confidence in the permittee. In accordance with applicable departmental rules, the department shall notify the permittee whether the order suspending the permit of the permittee will be rescinded or otherwise modified. The emergency order remains in effect, unless otherwise modified by the department, until the criminal charge is disposed of. The acquittal of the permittee charged, or the final, unappealed

### HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. (for drafter's use only) dismissal of all charges against the permittee, dissolves the 147 148 emergency order but does not prohibit the department from instituting proceedings under paragraph (a). If a permittee 149 charged with a violation of ss. 499.0051 or 499.0052 is 150 convicted or pleads guilty or nolo contendere, whether or not an 151 152 adjudication of quilt is entered by the court, the emergency 153 order shall become final. 4. The department shall publish on its website a list of 154 155 all permittees against whom an emergency order or a permanent 156 order under this section is entered. 157 Section 3. Subsections (8), and (9) are added to section 158 499.067, Florida Statutes, to read: 159 499.067 Denial, suspension, or revocation of permit, 160 certification, or registration .--The department shall deny an application for a permit 161 for an establishment if the applicant, any person named pursuant 162 to s. 499.012(3)(k) in the applicant's application, or the 163 person designated pursuant to s. 499.012(11) by an applicant 164 165 have been convicted or plead guilty or nolo contendere, whether 166 or not an adjudication of guilt is entered by the court. (9) The department shall revoke the permit of an 167 establishment if the permittee, any person named pursuant to s. 168 499.012(3)(k) in the permittee's application, or the person 169 designated pursuant to s. 499.012(11) by the permittee are 170 convicted or plead guilty or nolo contendere, whether or not an 171 adjudication of guilt is entered by the court. 172 Section 4. Paragraph (f) of subsection (6) of section 173 174 499.0121, Florida Statutes, is amended to read: 499.0121 Storage and handling of prescription drugs; 175 i

recordkeeping. -- The department shall adopt rules to implement

this section as necessary to protect the public health, safety,

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Amendment No. \_\_\_\_ (for drafter's use only)

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and welfare. Such rules shall include, but not be limited to, requirements for the storage and handling of prescription drugs and for the establishment and maintenance of prescription drug distribution records.

- (6) RECORDKEEPING. -- The department shall adopt rules that require keeping such records of prescription drugs as are necessary for the protection of the public health.
- (f)1. Effective July 1, 2006, each person who is engaged in the wholesale distribution of a prescription drug and who is not the manufacturer of that drug must, before each wholesale distribution of such drug, provide to the person who receives the drug a pedigree paper as defined in s. 499.003(31).
  - 2. A repackager must comply with this paragraph.
- 3. The pedigree paper requirements in this paragraph do not apply to compressed medical gases or veterinary legend drugs.
- 4. Each wholesale distributor of prescription drugs must maintain separate and distinct from other required records all statements that are required under subparagraph 1.
- 5. In order to verify compliance with subparagraph (d)1., each manufacturer of a prescription drug sold in this state must make available upon request distribution documentation related to its sales of prescription drugs, regardless of whether the prescription drug was sold directly by the manufacturer to a person in Florida.
- 6. Subparagraph (f)1. of this subsection does not apply where a wholesale distributor takes title to, but not possession of, a prescription drug, and the prescription drug's manufacturer ships the prescription drug directly to a person authorized by law to administer or dispense prescription drugs

# HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. \_\_\_\_ (for drafter's use only)

- or a member of an affiliated group, as described in paragraph

  (h) of this subsection, with the exception of a repackager.
  - a. The wholesale distributor must send an invoice to the purchaser of the prescription drug that contains a clear cross-reference to the shipping document sent by the manufacturer to the purchaser of the prescription drug.
  - b. The purchaser of the prescription drug must obtain a shipping document from the manufacturer that contains, at a minimum:
  - (I) The name and address of the manufacturer, including the point of origin of the shipment; the wholesaler; and such purchaser;
  - (II) The name of the prescription drug as it appears on the label;
  - (III) The quantity, dosage form, and strength of the prescription drug; and
    - (IV) The date of the shipment.

The manufacturer must also make available to the department, upon request, the lot number of such drug if not contained in the shipping document received by such purchaser.

- 7. The department may by rule define alternatives to compliance with subparagraph (f)1. for a prescription drug in the inventory of a permitted prescription drug wholesaler as of June 30, 2006 and the return of a prescription drug purchased prior to July 1, 2006. The department may specify time limits for such alternatives.
- Section 5. Subsection (29) of section 499.005, Florida Statutes, is amended to read:

Amendment No. (for drafter's use only)

499.005 Prohibited acts.--It is unlawful for a person to perform or cause the performance of any of the following acts in this state:

(29) The receipt of a prescription drug pursuant to a wholesale distribution without either first receiving a pedigree paper that was attested to as accurate and complete by the wholesale distributor or complying with the provisions of s. 499.0121(6)(f)6.

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An act relating to drug distribution; amending s. 499.003, F.S., amending a definition; requiring the department to create a form to conform to the changed definition; requiring the department to create a rule for the disposal of prescription drugs in inventory on June 30, 2006; requiring wholesalers to provide a list of inventory by a specified date; providing an expiration date; amending s. 499.0661, F.S., providing for emergency suspension of a permittee if convicted of specified violations; requiring the department to publish certain permittee names; amending s. 499.067, F.S., prohibiting issuance of permits to specified applicants; requiring revocation of permits of specified permittees; amending s. 499.0121, F.S.; requiring a wholesale distributor taking title to a prescription drug to provide a shipping document to the purchaser containing certain information; authorizing the department to adopt rules; amending s. 499.005; exempting a pharmacy,

# Amendment No. \_\_\_\_ (for drafter's use only) 268 hospital, or health care practitioner that purchases a 269 prescription drug from the requirement to receive a 270 pedigree paper under specified circumstances; amending

# House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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# Amendment to HB 715 by Rep. Grimsley

The amendment continues the current moratorium on further licensing of freestanding emergency departments. Currently, the moratorium is scheduled to sunset July 1, 2006. The bill extends the moratorium until the Agency for Health Care Administration (AHCA) has enacted rules pertaining to free standing emergency departments. AHCA is directed to promulgate rules relating to patient care and safety, quality improvement, infection control, building design and construction, location, and patient transportation.

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Bill No. HB 715

# COUNCIL/COMMITTEE ACTION

ADOPTED \_\_\_\_(Y/N)
ADOPTED AS AMENDED \_\_\_\_(Y/N)
ADOPTED W/O OBJECTION \_\_\_\_\_(Y/N)
FAILED TO ADOPT \_\_\_\_\_(Y/N)

WITHDRAWN

\_ (Y/N)

OTHER

Council/Committee hearing bill: Health & Families Council Representative(s) Grimsley offered the following:

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# Amendment (with directory and title amendments)

On line 20 insert:

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Section 1. Subsection (1) of section 395.003, Florida Statutes, is amended to read:

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395.003 Licensure; issuance, renewal, denial, modification, suspension, and revocation.--

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(1)(a) A person may not establish, conduct, or maintain a hospital, ambulatory surgical center, or mobile surgical facility in this state without first obtaining a license under this part.

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(b)1. It is unlawful for a person to use or advertise to the public, in any way or by any medium whatsoever, any facility as a "hospital," "ambulatory surgical center," or "mobile surgical facility" unless such facility has first secured a license under the provisions of this part.

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2. This part does not apply to veterinary hospitals or to commercial business establishments using the word "hospital,"

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES
Amendment No (for drafter's use only)
"ambulatory surgical center," or "mobile surgical facility" as a
part of a trade name if no treatment of human beings is
performed on the premises of such establishments.
3. Until July 1, 2006, Additional emergency departments
located off the premises of licensed hospitals may not be
authorized by the agency until the agency has adopted rules
required under s. 395.1055(9).
Section 16. Subsection (9) is added to section 395.1055,
Florida Statutes, to read:
395.1055 Rules and enforcement
(9) The agency shall adopt rules no later than January 1,
2007, which establish licensure standards for emergency
departments located off the premises of a licensed hospital. The
rules must:
(a) Include minimum criteria for patient care and safety,
quality improvement, infection control, building design and
construction, location, and appropriate transport of patients
from the emergency department located off the premises
consistent with chapter 401.
(b) Require the hospital to maintain an emergency
department on its premises which is licensed and operated in
accordance with agency rules.
(c) Specify that an emergency department located off the
premises of a licensed hospital which was authorized prior to
the adoption of rules shall continue to operate in accordance
with the licensure criteria under which it was originally

Remove line(s) 7 and insert:

authorized.

======== T I T L E A M E N D M E N T =========

# HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. (for drafter's use only)

An act relating to emergency care hospitals; amending s. 395.003, F.S.; prohibiting licensing of additional emergency departments located off the premises of licensed hospitals until the Agency for Health Care Administration adopts rules; amending s. 395.1055, F.S.; requiring the agency to adopt rules by a specified date to establish licensure standards for emergency departments located off the premises of a licensed hospital; requiring the rules to address certain topics; amending s. 395.4001,

# House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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# Amendment to HB 775 CS by Rep. Roberson

Amends the criteria the Board of Psychology must use in promulgating administrative rules for the approval of organizations that provide specialty certification.

# HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. \_\_\_\_ (for drafter's use only) Bill No. HB 775 CS COUNCIL/COMMITTEE ACTION (Y/N) ADOPTED (Y/N) ADOPTED AS AMENDED (Y/N) ADOPTED W/O OBJECTION (Y/N)FAILED TO ADOPT WITHDRAWN (Y/N)OTHER Council/Committee hearing bill: Health & Families Council Representative(s) Roberson offered the following: Amendment (with title amendment) Remove everything after the enacting clause and insert: Section 1. Section 490.0149, Florida Statutes, is created to read: 490.0149 Specialties.--(1) As used in this section, the term "certified psychology specialist," "board-certified psychology specialist," or "psychology diplomate" means a psychologist with recognized special competency acquired through an organized sequence of formal education, training, experience, and professional standing that is recognized by a certifying body approved by the board pursuant to subsection (3).

(2) A person licensed as a psychologist may not hold himself or herself out as a "certified psychology specialist," "board-certified psychology specialist" or "psychology diplomate" unless the person has received formal recognition from an approved certifying body.

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(3) The board shall adopt rules to establish criteria for

specialization in psychology.

approval of certifying bodies which provide certified

- specialties in psychology as provided in subsection (1). The criteria shall include that the certifying body:

  (a) Be national in scope, incorporate standards of the profession and collaborate closely with organizations related to
- (b) Have clearly described purposes, by-laws, policies, and procedures.
- (c) Have established standards for specialized practice of psychology.
- (d) Provide assessments that include the development and implementation of an examination designed to measure the competencies required to provide services that are characteristic of the specialty area.
- (4) A person licensed as a psychologist under this chapter may indicate the services he or she offers and may indicate that his or her practice is limited to one or more types of services when this accurately reflects his or her scope of practice.
  - Section 2. This act shall take effect July 1, 2006.

Remove the entire title and insert:

### A bill to be entitled

An act relating to psychologist specialties; creating s. 490.0149, F.S.; providing a definition; specifying the circumstances under which a psychologist may hold himself or herself out as a certified psychology specialist or psychology diplomate; requiring the Board of Psychology to

Amendment No. \_\_\_\_\_ (for drafter's use only)

adopt rules to establish specified criteria for the

approval of certifying bodies; specifying that a person

licensed under ch. 490, F.S., may specify the types of

services he or she provides; providing an effective date.

# Amendment to the Amendment to HB 775 CS by Rep. Benson

Provides that an osteopathic physician may not hold himself or herself out as a board-certified specialist in a particular area unless they have completed an American Osteopathic Association (AOA) or Accreditation Council for Graduate Medical Education (ACGME) approved residency or fellowship program in the same specialty area.

Amendment No. (for drafter's use only)

Bill No. <b>HB 775</b> (	CS
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### COUNCIL/COMMITTEE ACTION

ADOPTED (Y/N)ADOPTED AS AMENDED (Y/N)

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FAILED TO ADOPT (YAN)

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Council/Committee hearing bill: Health & Families Council Representative(s) Benson offered the following:

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# Amendment to the Amendment (with directory and title amendments)

Between line(s) 6-7 insert:

Section 1. Section 459.0152, Florida Statutes, is amended to read:

459.0152 Specialties.—An osteopathic physician licensed under this chapter may not hold himself or herself out as a board-certified specialist unless the osteopathic physician has successfully completed the requirements for certification by the American Osteopathic Association or the Accreditation Council on Graduate Medical Education and is certified as a specialist by a certifying agency approved by the board that requires completion of an American Osteopathic Association (AOA) or an Accreditation Council for Graduate Medical Education (ACGME) approved residency or fellowship training program in the specialty of certification. However, an osteopathic physician may indicate the services offered and may state that his or her practice is

# HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. \_\_\_\_ (for drafter's use only) limited to one or more types of services when this accurately 22 reflects the scope of practice of the osteopathic physician. 23 24 ======== T I T L E A M E N D M E N T ========= 25 Remove line(s) 48 and insert: 26 27 An act relating to health care practitioner specialty 28 certification; amending s. 459.0152, F.S.; providing 29

specialty certification; creating s.

requirements for certain agencies that provide physician

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# Amendment to the Amendment to HB 775 CS by Rep. Benson

Provides that an allopathic physician may not hold himself or herself out as a board-certified specialist in a particular area unless they have completed an Accreditation Council for Graduate Medical Education (ACGME) approved residency or fellowship program in the same specialty area.

Amendment No. \_\_\_\_ (for drafter's use only)

Bill No. HB 775 CS

### COUNCIL/COMMITTEE ACTION

ADOPTED \_\_\_\_\_(Y/N)
ADOPTED AS AMENDED \_\_\_\_(Y/N)
ADOPTED W/O OBJECTION \_\_\_\_(Y/N)
FAILED TO ADOPT \_\_\_\_(Y/N)
WITHDRAWN \_\_\_\_\_(Y/N)
OTHER

Council/Committee hearing bill: Health & Families Council

Representative(s) Benson offered the following:

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Amendment to the Amendment (with directory and title amendments)

Between line(s) 6-7 insert:

Section 1. Section 458.3312, Florida Statutes, is amended to read:

458.3312 Specialties.—A physician licensed under this chapter may not hold himself or herself out as a board-certified specialist unless the physician has received formal recognition as a specialist from a specialty board of the American Board of Medical Specialties or other recognizing agency approved by the board that requires completion of an Accreditation Council for Graduate Medical Education (ACGME) approved residency or fellowship training program in the specialty of certification. However, a physician may indicate the services offered and may state that his or her practice is limited to one or more types of services when this accurately reflects the scope of practice of the physician.

	Amendment No (for drafter's use only)
22	
23	======== T I T L E A M E N D M E N T ========
24	Remove line(s) 48 and insert:
25	
26	An act relating to health care practitioner specialty
27	certification; amending s. 458.3312, F.S.; providing
28	requirements for certain agencies that provide physician
29	specialty certification; creating s.

# House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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# House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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# Strike Everything Amendment to HB 1033 by Rep. Vana

# The amendment does the following:

- Requires OPPAGA to evaluate the continuing education requirements related to identifying victims of child abuse required for those individuals in the occupational categories that are required to provide their names to child abuse hotline staff when reporting known or suspected child abuse, neglect, or abandonment; and
- Based on the findings of that study, requires the Department of Health to make available a child abuse education curriculum to specified professionals.

HB 1033

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ADOPTED W/O OBJECTION (Y/N)

FAILED TO ADOPT (Y/N)

WITHDRAWN  $\underline{\hspace{1cm}}$  (Y/N)

OTHER

Council/Committee hearing bill: Health and Families Council Representative Vana offered the following:

# Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. The Office of Program Policy Analysis and

Government Accountability shall evaluate the continuing
education requirements related to identifying victims of child
abuse required for those individuals in the occupational
categories that are required to provide their names to child
abuse hotline staff when reporting known or suspected child
abuse, neglect, or abandonment. The evaluation shall include,
but not be limited to, an assessment of compliance by profession
or occupation, whether the training is statutorily required or
required as a condition for re-licensure, re-certification, or
continued employment, and the efficacy of such training. A
report shall be submitted to the Governor, the President of the
Senate, and the Speaker of the House of Representatives by
December 31, 2006.

Section 2. <u>Based on the findings of the Office of Program Policy Analysis and Government Accountability's report, the Florida Department of Health Children's Medical Services</u>

HB 1033 Strike All.doc

# HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No.1

Division of P	Prevention ar	nd Intervention	will mak	<u>e available a</u>	an
appropriate c	child abuse e	education curric	culum to	professional	
reporters pur	rsuant to 39.	.201(b).			

Section 3. This act shall take effect on July 1, 2006.

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Remove the entire title and insert:

30 An act relating to child abuse; requiring the Office of Program Policy Analysis and Government Accountability to 31 evaluate compliance with continuing education requirements 32 for professionals required to provide their names when 33 reporting child abuse, neglect, or abandonment; providing 34 35 for a report to the Governor and Legislature; requiring the 36 Department of Health to make available a curriculum; 37 providing an effective date.

# House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

Council/Committee: Health & Families Council				nilies	Bill Number: HB 1093C5						
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# Amendment to HB 1093 CS by Rep. Kreegel

Removes the language and associated cross-references that provide *specific* statutory authority allowing physicians to submit their credentials to the Federation Credentials Verification Service of the Federation of State Medical Boards or submit their core credentials to the Department of Health.

These two options are currently available to physicians seeking licensure in Florida.

	Amendment No(for c	drafter's use only)				
		Bill No. <b>1093 CS</b>				
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4	Amendment (with dia	rectory and title amendments)				
5	Remove line(s) 37-2	220				
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8	======= T I T I	L E A M E N D M E N T ========				
9	Remove line(s) 11-1	15 and insert:				
10	osteopathic physici	ians in the state; requiring the division				
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# Amendment to HB 1093 CS by Rep. Benson

Adds language that will require the Division of Health Access and Tobacco to develop a strategy to track and analyze specific data on medical education and its relationship to the physician workforce in Florida.

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Bill No. HB 1093 CS

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Council/Committee hearing bill: Health and Families Council Representative(s) Benson offered the following:

### Amendment (with directory and title amendments)

Remove line(s) 33 and insert:

are available from public and private sources. The division
shall develop a strategy to track and analyze on an ongoing
basis the relationship of undergraduate and graduate medical
education to the state's physician workforce, the number of
medical students and medical residents in Florida, the number of
medical students and medical residents who are considered instate residents, the number of Florida medical students who are
placed in Florida-based residency programs, the number of
physicians who complete their residency in Florida and continue
to practice in Florida. For the purpose of tracking and
analyzing medical education the division shall use data that are
available from public and private sources, such as the
Accreditation Council for Graduate Medical Education (ACGME) or
American Osteopathic Association (AOA). The division

======= T I T L E A M E N D M E N T =========

Amendment No. \_\_\_\_ (for drafter's use only)

Remove line(s) 11 and insert:

osteopathic physicians and medical education in the state;

amending ss.458.311

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## Amendment to HB 1231 by Rep. Ausley

The amendment removes the requirement that the agency shall contract for services and makes it permissive by authorizing the agency to contract for the administration of the TEACH scholarship program.

Amendment No. 1

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	Bill No. <b>HB 1231</b>
COUNCIL/COMMITTEE	ACTION
ADOPTED	(Y/N)
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Remove line(s) 67	-68 and insert:
(2) The Agency for	Workforce Innovation Department of
Children and Family Ser-	vices is authorized to contract for

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## Amendment to HB 1319 CS by Rep. Benson

- This amendment removes an exemption in which public pool "operators" do not need to be certified as public pool service technicians.
- Currently, all pool service technicians must be certified. Public pool "operators" are exempt from this. This amendment removes the exemption.

Amendment No. (for drafter's use only)

Bill No. HB 1319 CS

## COUNCIL/COMMITTEE ACTION

ADOPTED \_\_\_\_(Y/N)
ADOPTED AS AMENDED \_\_\_\_(Y/N)
ADOPTED W/O OBJECTION \_\_\_\_(Y/N)
FAILED TO ADOPT \_\_\_\_(Y/N)
WITHDRAWN \_\_\_\_(Y/N)

OTHER

Council/Committee hearing bill: Health & Families Council Representative(s) Benson offered the following:

Amendment (with directory and title amendments)

Between line(s) 37-38 insert:

Section 2. Section 514.075, Florida Statutes, is amended to read:

The department may require that a public pool, as defined in s. 514.011, be serviced by a person certified as a pool service technician. To be certified, an individual must demonstrate ./412 knowledge of public pools which includes, but is not limited to: pool cleaning; general pool maintenance; source of the water supply; bacteriological, chemical, and physical quality of water; and water purification, testing, treatment, and disinfection procedures. The department may, by rule, establish the requirement for the certification course and course approval. The department shall deem certified any individual who is certified by a course of national recognition or any person licensed under s. 489.105(3)(j), (k), or (l). This

	Amendment No (for drafter's use only)
22	requirement does not apply to a person, or the direct employee
23	of a person, permitted as a public pool operator under s.
24	<del>514.031.</del>
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26	======== T I T L E A M E N D M E N T ========
27	Remove line(s) 7-15 and insert:
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An act relating to public swimming facilities; creating s. 514.072, F.S.; requiring additional certification of swimming instructors specializing in training people who have developmental disabilities; requiring the Dan Marino Foundation, Inc., to develop certification requirements and a training curriculum and to submit the certification requirements to the Department of Health for review; providing deadlines for certification; amending s. 514.075, F.S.; deleting an exception to the requirement that a public pool be serviced by a certified technician; providing a contingent effective date.

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## Strike All Amendment for HB 1365 CS by Rep. M.Davis

- Allows a child whose family income exceeds 200 percent of the federal poverty level to participate in the Medikids program, which serves children age 1-4, or if the child is ineligible for the Medikids program due to age to participate in the Florida Healthy Kids program, if the family pays the entire cost of the premium, including administrative costs, and such enrollees do not exceed 10 percent of total enrollees in either the Medikids program or the Florida Healthy Kids program.
- Clarifies that twelve months of continuous eligibility applies even when children are switching from one component of the KidCare program to another. This will allow for seamless transitions from Medicaid to Medikids, Healthy Kids, and Children's Medical Services, for example, as long as the family continues to pay the applicable premium.
- Directs the Department of Children and Families to provide specific information to the Healthy Kids Corporation when they are transferring files on children who have lost their Medicaid coverage due to income. This is necessary to facilitate continuous eligibility when changing program components.
- Provides that an enrollee's parent or legal guardian can obtain confirmation of coverage and dates of coverage from the KidCare program.
- This is a technical change transferring the section from allowing participating health and dental plans to develop marketing and other promotional materials and allowing them to contact their enrollees and former enrollees to encourage continued participation in the Florida KidCare program from the Medicaid section of the Florida KidCare program to the Healthy Kids section of the Florida program.

Amendment No. 1

Bill No. HB 1365 CS

#### COUNCIL/COMMITTEE ACTION

ADOPTED	(Y/N)
ADOPTED AS AMENDED	(Y/N)
ADOPTED W/O OBJECTION	<u>/</u> (Y/N)
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	

Council/Committee hearing bill: Health and Families Council Representative(s) M. Davis offered the following:

## Amendment (with title amendment)

Remove everything after the enacting clause and insert: Section 1. Subsections (5) and (6) of section 409.814, Florida Statutes, are amended to read:

409.814 Eligibility. -- A child who has not reached 19 years of age whose family income is equal to or below 200 percent of the federal poverty level is eligible for the Florida KidCare program as provided in this section. For enrollment in the Children's Medical Services Network, a complete application includes the medical or behavioral health screening. If, subsequently, an individual is determined to be ineligible for coverage, he or she must immediately be disenrolled from the respective Florida KidCare program component.

(5) A child whose family income is above 200 percent of the federal poverty level or a child who is excluded under the provisions of subsection (4) may participate in the <u>Medikids</u> program as provided in s. 409.8132 or, if the child is ineligible for Medikids by reason of age, in the Florida Healthy

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- <u>Kids program</u> Florida KidCare program, excluding the Medicaid program, but is subject to the following provisions:
- (a) The family is not eligible for premium assistance payments and must pay the full cost of the premium, including any administrative costs.
- (b) The agency is authorized to place limits on enrollment in Medikids by these children in order to avoid adverse selection. The number of children participating in Medikids whose family income exceeds 200 percent of the federal poverty level must not exceed 10 percent of total enrollees in the Medikids program.
- (c) The board of directors of the Florida Healthy Kids Corporation is authorized to place limits on enrollment of these children in order to avoid adverse selection. In addition, the board is authorized to offer a reduced benefit package to these children in order to limit program costs for such families. The number of children participating in the Florida Healthy Kids program whose family income exceeds 200 percent of the federal poverty level must not exceed 10 percent of total enrollees in the Florida Healthy Kids program.
- (d) Children described in this subsection are not counted in the annual enrollment ceiling for the Florida KidCare program.
- (6) Once a child is enrolled in the Florida KidCare program, the child is eligible for coverage under the program for 12 months without a redetermination or reverification of eligibility even when switching from one component of the program to another, if the family continues to pay the applicable premium. Eligibility for program components funded through Title XXI of the Social Security Act shall terminate when a child attains the age of 19. Effective January 1, 1999, a

Amendment No. 1

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child who has not attained the age of 5 and who has been determined eligible for the Medicaid program is eligible for coverage for 12 months without a redetermination or reverification of eligibility.

Section 2. Paragraph (a) of subsection (1) of section 409.818, Florida Statutes, is amended to read:

409.818 Administration. -- In order to implement ss. 409.810-409.820, the following agencies shall have the following duties:

- (1) The Department of Children and Family Services shall:
- Develop a simplified eligibility application process, including the use of mail-in forms and electronic information intake methods, mail-in-form to be used for determining the eligibility of children for coverage under the Florida KidCare program, in consultation with the agency, the Department of Health, and the Florida Healthy Kids Corporation. The simplified eligibility application process form must include an item that provides an opportunity for the applicant to indicate whether coverage is being sought for a child with special health care needs. Families applying for children's Medicaid coverage must also be able to use the simplified application form without having to pay a premium. When a child is found ineligible due to income for Medicaid, the department shall forward all of the child's information, including the date that he/she was enrolled in the Medicaid program and the income level of the family when he/she was determined to be ineligible due to income, to the Healthy Kids Corporation. The child's information shall be processed for enrollment in another KidCare program component without requiring an additional KidCare application.

Section 3. Section 409.821, Florida Statutes, is amended to read:

## HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. 1

409.821 Florida KidCare program public records exemption. -- Notwithstanding any other law to the contrary, any information identifying a Florida KidCare program applicant or enrollee, as defined in s. 409.811, held by the Agency for Health Care Administration, the Department of Children and Family Services, the Department of Health, or the Florida Healthy Kids Corporation is confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. Such information may be disclosed to another governmental entity only if disclosure is necessary for the entity to perform its duties and responsibilities under the Florida KidCare program and shall be disclosed to the Department of Revenue for purposes of administering the state Title IV-D program. The receiving governmental entity must maintain the confidential and exempt status of such information. Furthermore, such information may not be released to any person without the written consent of the program applicant. This exemption applies to any information identifying a Florida KidCare program applicant or enrollee held by the Agency for Health Care Administration, the Department of Children and Family Services, the Department of Health, or the Florida Healthy Kids Corporation before, on, or after the effective date of this exemption. A violation of this section is a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. This section does not prohibit an enrollee's parent or legal guardian from obtaining confirmation of coverage and dates of coverage.

Section 4. Subsection (5) of section 624.91, Florida Statutes, is amended to read:

- 624.91 The Florida Healthy Kids Corporation Act.--
- (5) CORPORATION AUTHORIZATION, DUTIES, PROMOTION, POWERS.-

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### Amendment No. 1

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- (a) There is created the Florida Healthy Kids Corporation, a not-for-profit corporation.
  - (b) The Florida Healthy Kids Corporation shall:
- 1. Arrange for the collection of any family, local contributions, or employer payment or premium, in an amount to be determined by the board of directors, to provide for payment of premiums for comprehensive insurance coverage and for the actual or estimated administrative expenses.
- Arrange for the collection of any voluntary contributions to provide for payment of premiums for children who are not eligible for medical assistance under Title XXI of the Social Security Act. Each fiscal year, the corporation shall establish a local match policy for the enrollment of non-Title XXI-eligible children in the Healthy Kids program. By May 1 of each year, the corporation shall provide written notification of the amount to be remitted to the corporation for the following fiscal year under that policy. Local match sources may include, but are not limited to, funds provided by municipalities, counties, school boards, hospitals, health care providers, charitable organizations, special taxing districts, and private organizations. The minimum local match cash contributions required each fiscal year and local match credits shall be determined by the General Appropriations Act. The corporation shall calculate a county's local match rate based upon that county's percentage of the state's total non-Title-XXI expenditures as reported in the corporation's most recently audited financial statement. In awarding the local match credits, the corporation may consider factors including, but not limited to, population density, per capita income, and existing child-health-related expenditures and services.

- 3. Subject to the provisions of s. 409.8134, accept voluntary supplemental local match contributions that comply with the requirements of Title XXI of the Social Security Act for the purpose of providing additional coverage in contributing counties under Title XXI.
- 4. Establish the administrative and accounting procedures for the operation of the corporation.
- 5. Establish, with consultation from appropriate professional organizations, standards for preventive health services and providers and comprehensive insurance benefits appropriate to children, provided that the such standards for rural areas do shall not limit primary care providers to board-certified pediatricians.
- 6. Determine eligibility for children seeking to participate in the Title XXI-funded components of the Florida KidCare program consistent with the requirements specified in s. 409.814, as well as the non-Title-XXI-eligible children as provided in subsection (3).
- 7. Establish procedures under which providers of local match to, applicants to and participants in the program may have grievances reviewed by an impartial body and reported to the board of directors of the corporation.
- 8. Establish participation criteria and, if appropriate, contract with an authorized insurer, health maintenance organization, or third-party administrator to provide administrative services to the corporation.
- 9. Establish enrollment criteria that which shall include penalties or waiting periods of not fewer than 60 days for reinstatement of coverage upon voluntary cancellation for nonpayment of family premiums.

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- 10. Contract with authorized insurers or any provider of health care services, meeting standards established by the corporation, for the provision of comprehensive insurance coverage to participants. Such standards shall include criteria under which the corporation may contract with more than one provider of health care services in program sites. Health plans shall be selected through a competitive bid process. The Florida Healthy Kids Corporation shall purchase goods and services in the most cost-effective manner consistent with the delivery of quality medical care. The maximum administrative cost for a Florida Healthy Kids Corporation contract shall be 15 percent. For health care contracts, the minimum medical loss ratio for a Florida Healthy Kids Corporation contract shall be 85 percent. For dental contracts, the remaining compensation to be paid to the authorized insurer or provider under a Florida Healthy Kids Corporation contract shall be no less than an amount which is 85 percent of premium; to the extent any contract provision does not provide for this minimum compensation, this section shall prevail. The health plan selection criteria and scoring system, and the scoring results, shall be available upon request for inspection after the bids have been awarded.
- 11. Establish disenrollment criteria in the event local matching funds are insufficient to cover enrollments.
- 12. Develop and implement a plan to publicize the Florida Healthy Kids Corporation, the eligibility requirements of the program, and the procedures for enrollment in the program and to maintain public awareness of the corporation and the program.

  Participating health and dental plans may develop marketing and other promotional materials and participate in activities, such as health fairs and public events, as approved by the corporation. The health and dental plans may also contact their

Amendment No. 1

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enrollees and former enrollees to encourage continued participation in the plan.

- 13. Secure staff necessary to properly administer the corporation. Staff costs shall be funded from state and local matching funds and such other private or public funds as become available. The board of directors shall determine the number of staff members necessary to administer the corporation.
- 14. Provide a report annually to the Governor, Chief Financial Officer, Commissioner of Education, Senate President, Speaker of the House of Representatives, and Minority Leaders of the Senate and the House of Representatives.
- 15. Establish benefit packages which conform to the provisions of the Florida KidCare program, as created in ss. 409.810-409.820.
- (c) Coverage under the corporation's program is secondary to any other available private coverage held by, or applicable to, the participant child or family member. Insurers under contract with the corporation are the payors of last resort and must coordinate benefits with any other third-party payor that may be liable for the participant's medical care.
- (d) The Florida Healthy Kids Corporation shall be a private corporation not for profit, organized <u>under pursuant</u> to chapter 617, and shall have all powers necessary to carry out the purposes of this act, including, but not limited to, the power to receive and accept grants, loans, or advances of funds from any public or private agency and to receive and accept from any source contributions of money, property, labor, or any other thing of value, to be held, used, and applied for the purposes of this <u>section</u> act.

#### Amendment No. 1

Section 5. The Agency for Health Care Administration shall begin enrollment under s. 409.814(5), Florida Statutes, as amended by this act, by July 1, 2006.

Section 6. This act shall take effect July 1, 2006.

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#### Title Amendment

Remove the entire title and insert:

A bill to be entitled

An act relating to the Florida KidCare program; amending s. 409.814, F.S.; specifying that 12 months of continuous eligibility includes changes between program components; providing for certain children who are ineligible to participate in the Florida KidCare program to be eligible for the Medikids program or the Florida Healthy Kids program; amending s. 409.818, F.S.; providing for the administration of the eligibility application process; amending s. 409.821, F.S., relating to a public records exemption; specifying that such provision does not prohibit an enrollee's parent or legal guardian from obtaining confirmation of coverage and dates of coverage; amending s. 624.91, F.S.; authorizing participating health and dental plans to develop marketing and other promotional materials and to participate in activities to promote the Florida KidCare program; providing an effective date.

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## Amendment to HB 1409 CS by Rep. Benson

Provides for funding for the Florida Health Information Network, Inc.

Bill No. 1409

Amendment No. (for drafter's use only)

## COUNCIL/COMMITTEE ACTION

ADOPTED \_\_\_\_\_(Y/N)
ADOPTED AS AMENDED \_\_\_\_\_(Y/N)
ADOPTED W/O OBJECTION \_\_\_\_\_(Y/N)

FAILED TO ADOPT  $\underline{\hspace{1cm}}$  (Y/N)

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Council/Committee hearing bill: Health & Families Council Representative(s) Benson offered the following:

Amendment (with directory and title amendments)

Remove line(s) 165-168 and insert:

Section 2. The Florida Health Information Network, Inc., may be funded through the General Appropriations Act and may seek funding through public and private entities to accomplish its goals and duties. Appropriations for the Agency for Health Care Administration's Florida Health Information Network, Inc., grants program shall not be used to fund the Florida Health Information Network, Inc.

Section 3. This act shall take effect July 1, 2006.

========= T I T L E A M E N D M E N T =========

Remove line(s) 17 and 18 and insert:

report to the Governor and Legislature; providing conditions for funding of the network; providing an effective date.

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## Strike all amendment on HB 7139 CS by Rep. Harrell

- The bill expands communication and outreach efforts regarding special needs registration.
- Designates the Dept. of Community Affairs as the lead agency responsible for community education and outreach regarding special needs clients, registration and shelter information.
- Provides that persons with special needs shall be allowed to bring service animals into the special needs shelter.
- Directs the Division of Emergency Management to address strategies to evacuate persons with pets. Information regarding evacuating with pets and pet shelter availability will be included in the state comprehensive emergency management plan.
- Designates Children's Medical Services as the lead agency to coordinate local medical and health care providers for the staffing and management of pediatric special needs shelters.
- Provides that AHCA monitor nursing homes and assisted living facilities during emergencies to provide assistance and that the agency publish an emergency telephone number for facilities to use.
- Encourages local health departments and emergency management agencies to coordinate efforts to ensure appropriate staffing and special needs shelter operations.
- Establishes a multi-agency emergency special needs shelter discharge planning team and designates the Department of Elder Affairs to convene this team as necessary to assist local areas impacted by an emergency.
- Provides a mechanism for reimbursement to health care facilities that care for persons discharged from special needs shelters and also provides protection against duplication of reimbursements to receiving facilities.
- Clarifies the role of the Special Needs Shelter Interagency Committee and adds the Florida Association of Aging Services Providers, AARP and the Florida Renal Coalition to the committees' membership.
- Provides rule making authority to the Department of Health.
- Encourages home health agencies, nurse registries, hospices and home medical equipment providers to provide continuity of care to their special needs patients.

- Provides increased comprehensive emergency management plan reviews and provides great accountability within these reviews.
- Includes the Governor's emergency preparedness shelter enhancements regarding providing permanent emergency power generators in special needs shelters and retrofitting public hurricane evacuation shelters.

Amendment No. (for drafter's use only)

Bill No. HB 7139 CS

#### COUNCIL/COMMITTEE ACTION

ADOPTED \_\_\_(Y/N)
ADOPTED AS AMENDED \_\_\_(X/N)
ADOPTED W/O OBJECTION \_\_\_(Y/N)
FAILED TO ADOPT \_\_\_(Y/N)
WITHDRAWN \_\_\_(Y/N)

OTHER

Council/Committee hearing bill: Health & Families Council
Representative(s) Harrell offered the following:

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## Amendment (with title amendment)

Remove everything after the enacting clause and insert: Section 1. Section 252.355, Florida Statutes, is amended to read:

252.355 Registry of persons with special needs; notice.--

would need assistance during evacuations and sheltering because of physical, mental, cognitive impairment, or sensory disabilities, each local emergency management agency in the state shall maintain a registry of persons with special needs located within the jurisdiction of the local agency. The registration shall identify those persons in need of assistance and plan for resource allocation to meet those identified needs. To assist the local emergency management agency in identifying such persons, home health agencies, hospices, nurse registries, home medical equipment providers, the Department of Children and Family Services, the Department of Health, the Agency for Health Care Administration, the Department of Education, Agency for Persons with Disabilities, Department of Labor and Employment

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- Security, and the Department of Elderly Affairs shall provide registration information to all of their special needs clients and to all people with special needs who receive services incoming clients as a part of the intake process. The registry shall be updated annually. The registration program shall give persons with special needs the option of preauthorizing emergency response personnel to enter their homes during search and rescue operations if necessary to assure their safety and welfare following disasters.
- (2) The Department of Community Affairs shall be the designated lead agency responsible for community education and outreach to the general public, including special needs clients, regarding registration and special needs shelters and general information regarding shelter stays.
- (3) A person with special needs shall be allowed to bring his or her service animal into a special needs shelter in accordance with s. 413.08.
- $\underline{(4)}$  On or before May 1 of each year each electric utility in the state shall annually notify residential customers in its service area of the availability of the registration program available through their local emergency management agency with either:
- (a) An initial notification upon the activation of new residential service with the electric utility followed by one annual notification between January 1 and May 31; or
- (b) Two separate annual notifications between January 1 and May 31.

The notification required under this subsection may be made by any available means, including, but not limited to, written, electronic, or verbal notification, and may be made concurrently 04/20/2006 10:32 a.m.

with any other notification to residential customers required by

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law or rule.

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(5) (3) All records, data, information, correspondence, and communications relating to the registration of persons with special needs as provided in subsection (1) are confidential and exempt from the provisions of s. 119.07(1), except that such information shall be available to other emergency response agencies, as determined by the local emergency management director. Local law enforcement agencies shall be provided

complete shelter roster information upon request.

(6) (4) All appropriate agencies and community-based service providers, including home health care providers, hospices, nurse registries, and home medical equipment providers, shall assist emergency management agencies by collecting registration information for persons with special needs as part of program intake processes, establishing programs to increase the awareness of the registration process, and educating clients about the procedures that may be necessary for their safety during disasters. Clients of state or federally funded service programs with physical, mental, cognitive impairment, or sensory disabilities who need assistance in evacuating, or when in shelters, must register as persons with special needs.

Section 2. Section 252.3568, Florida Statutes, is created to read:

252.3568 Emergency sheltering of persons with pets.--In accordance with the provisions of s. 252.35, the division shall address strategies for the evacuation of persons with pets in the shelter component of the state comprehensive emergency management plan and shall include the requirement for similar strategies in its standards and requirements for local

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# HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. (for drafter's use only)

comprehensive emergency management plans. The Department of
Agriculture and Consumer Services shall assist the division in
determining strategies regarding this activity.

Section 3. Section 252.357, Florida Statutes, is created to read:

252.357 Monitoring of nursing homes and assisted living facilities during disaster.—The Florida Comprehensive Emergency Management Plan shall permit the Agency for Health Care Administration, working from the agency's offices or in the Emergency Operations Center, ESF-8, to make initial contact with each nursing home and assisted living facility in the disaster area. The agency, by July 15, 2006, and annually thereafter, shall publish on the Internet an emergency telephone number that may be used by nursing homes and assisted living facilities to contact the agency on a schedule established by the agency to report requests for assistance. The agency may also provide the telephone number to each facility when it makes the initial facility call.

Section 4. Subsection (2) and paragraphs (a) and (b) of subsection (4) of section 252.385, Florida Statutes, are amended to read:

252.385 Public shelter space.--

(2) (a) The division shall administer a program to survey existing schools, universities, community colleges, and other state-owned, municipally owned, and county-owned public buildings and any private facility that the owner, in writing, agrees to provide for use as a public hurricane evacuation shelter to identify those that are appropriately designed and located to serve as such shelters. The owners of the facilities must be given the opportunity to participate in the surveys. The State University Boards of Trustees Board of Regents, district

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Amendment No. (for drafter's use only) school boards, community college boards of trustees, and the

117 118 Department of Education are responsible for coordinating and implementing the survey of public schools, universities, and

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community colleges with the division or the local emergency

the Governor and the Cabinet for approval, subject to the

shall identify the general location and square footage of

need for special needs shelter space and the adequacy of

shall prepare and submit a statewide emergency shelter plan to

requirements for approval provided in s. 1013.37(2). The plan

special needs shelters, by regional planning council region,

during the next 5 years. The plan shall also include information

on the availability of shelters that accept pets. The Department

of Health shall assist the division in determining the estimated

facilities to meet the needs of persons with special needs based

on information from the registries of persons with special needs

education facilities, and other facilities owned or leased by

care facilities, assisted living facilities, or nursing homes,

shelters shall be made available at the request of the local

emergency management agencies. The local emergency management

agency shall coordinate with these entities to ensure designated

local governing board when requesting the use of such facilities

facilities are ready to activate prior to a specific hurricane

appropriate school board, university, community college, or

which are suitable for use as public hurricane evacuation

or disaster. Such agencies shall coordinate with the

the state or local governments, but excluding hospitals, hospice

(4)(a) Public facilities, including schools, postsecondary

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management agency.

121 (b) By January 31 of each even-numbered year, the division

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and other information.

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as public hurricane evacuation shelters.

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(b) The Department of Management Services shall incorporate provisions for the use of suitable leased public facilities as public hurricane evacuation shelters into lease agreements for state agencies. Suitable leased public facilities include leased public facilities that are solely occupied by state agencies and have at least 2,000 square feet of net floor area in a single room or in a combination of rooms having a minimum of 400 square feet in each room. The net square footage of floor area <a href="mailto:shall must">shall must</a> be determined by subtracting from the gross square footage the square footage of spaces such as mechanical and electrical rooms, storage rooms, open corridors, restrooms, kitchens, science or computer laboratories, shop or mechanical areas, administrative offices, records vaults, and crawl spaces.

Section 5. Section 381.0303, Florida Statutes, is amended to read:

381.0303 Health practitioner recruitment for Special needs shelters.--

(1) PURPOSE.—The purpose of this section is to provide for the operation and closure of special needs shelters and to designate the Department of Health, through its county health departments, as the lead agency for coordination of the recruitment of health care practitioners, as defined in s. 456.001(4), to staff special needs shelters in times of emergency or disaster and to provide resources to the department to carry out this responsibility. However, nothing in this section prohibits a county health department from entering into an agreement with a local emergency management agency to assume the lead responsibility for recruiting health care practitioners.

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- SPECIAL NEEDS SHELTER PLAN; STAFFING; STATE AGENCY ASSISTANCE AND STAFFING. -- Provided funds have been appropriated to support medical services disaster coordinator positions in county health departments:
- The department shall assume lead responsibility for the <del>local</del> coordination of local medical and health care providers, the American Red Cross, and other interested parties in developing a plan for the staffing and medical management of special needs shelters. The local Children's Medical Services offices shall assume lead responsibility for the coordination of local medical and health care providers, the American Red Cross, and other interested parties in developing a plan for the staffing and medical management of pediatric special needs shelters. Plans shall conform to The plan shall be in conformance with the local comprehensive emergency management plan.
- (b) (a) County health departments shall, in conjunction with the local emergency management agencies, have the lead responsibility for coordination of the recruitment of health care practitioners to staff local special needs shelters. County health departments shall assign their employees to work in special needs shelters when those employees are needed to protect the health and safety of persons with special needs of patients. County governments shall assist the department with nonmedical staffing and the operation of special needs shelters. The local health department and emergency management agency shall coordinate these efforts to ensure appropriate staffing in special needs shelters.
- (c) (b) The appropriate county health department, Children's <u>Medical</u> Services office, and local emergency management agency shall jointly decide determine who has 04/20/2006 10:32 a.m.

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responsibility for medical supervision in  $\underline{\text{each}}$  a special needs shelter.

(d) (e) Local emergency management agencies shall be responsible for the designation and operation of special needs shelters during times of emergency or disaster and the closure of the facilities following an emergency or disaster. The local health department and emergency management agency shall coordinate these efforts to ensure the appropriate designation and operation of special needs shelters. County health departments shall assist the local emergency management agency with regard to the management of medical services in special needs shelters.

(e) The Secretary of Elderly Affairs, or his or her designee, shall convene, at any time that he or she deems appropriate and necessary, a multiagency special needs shelter discharge planning team or teams to assist local areas that are severely impacted by a natural or manmade disaster that requires the use of special needs shelters. Multiagency special needs shelter discharge planning teams shall provide assistance to local emergency management agencies with the continued operation or closure of the shelters, as well as with the discharge of special needs clients to alternate facilities if necessary. Local emergency management agencies may request the assistance of a multiagency special needs shelter discharge planning team by alerting statewide emergency management officials of the necessity for additional assistance in their area. The Secretary of Elderly Affairs is encouraged to proactively work with other state agencies prior to any natural disasters for which warnings are provided to ensure that multiagency special needs shelter discharge planning teams are ready to assemble and deploy rapidly upon a determination by state emergency management

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39	officials that a disaster area requires additional assistance.
240	The Secretary of Elderly Affairs may call upon any state agency
241	or office to provide staff to assist a multiagency special needs
242	shelter discharge planning team or teams. Unless the secretary
243	determines that the nature or circumstances surrounding the
244	disaster do not warrant participation from a particular agency's
245	staff, each multiagency special needs shelter discharge planning
246	team shall include at least one representative from each of the
247	following state agencies:

- 1. Department of Elderly Affairs.
- 2. Department of Health.

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- 3. Department of Children and Family Services.
- 4. Department of Veterans' Affairs.
- 5. Department of Community Affairs.
- 6. Agency for Health Care Administration.
- 7. Agency for Persons with Disabilities.
- (3) REIMBURSEMENT TO HEALTH CARE PRACTITIONERS <u>AND</u> <u>FACILITIES.--</u>
- (a) The department Department of Health shall upon request reimburse, in accordance with paragraph (b), subject to the availability of funds for this purpose:
- 1. Thealth care practitioners, as defined in s. 456.001, provided the practitioner is not providing care to a patient under an existing contract, and emergency medical technicians and paramedics licensed under pursuant to chapter 401 for medical care provided at the request of the department in special needs shelters or at other locations during times of emergency or a declared major disaster. Reimbursement for health care practitioners, except for physicians licensed under pursuant to chapter 458 or chapter 459, shall be based on the average hourly rate that such practitioners were paid according

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to the most recent survey of Florida hospitals conducted by the
Florida Hospital Association or other nationally or state
recognized data source. Reimbursement shall be requested on
forms prepared by the Department of Health.

- 2. Health care facilities, such as hospitals, nursing homes, assisted living facilities, and community residential homes, if, upon closure of a special needs shelter, a multiagency special needs shelter discharge planning team determines that it is necessary to discharge persons with special needs to other health care facilities. The receiving facilities shall be eligible for reimbursement for services provided to the individuals for up to 90 days. A facility must show proof of a written request from a representative of an agency serving on the multiagency special needs shelter discharge planning team that the individual for whom the facility is seeking reimbursement for services rendered was referred to that facility from a special needs shelter. The department shall specify by rule which expenses are reimbursable and the rate of reimbursement for each service.
- (b) Reimbursement is subject to the availability of federal funds and shall be requested on forms prepared by the department. If a Presidential Disaster Declaration has been issued made, and the Federal Government makes funds available, the department shall request federal use such funds for reimbursement of eligible expenditures. In other situations, or if federal funds do not fully compensate the department for reimbursement made pursuant to this section, the department shall process a budget amendment to obtain reimbursement from unobligated, unappropriated moneys in the General Revenue Fund. The department shall not provide reimbursement to facilities under this subsection for services provided to a person with

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special needs if, during the period of time in which the services were provided, the individual was enrolled in another state-funded program, such as Medicaid or another similar program, was covered under a policy of health insurance as defined in s. 624.603, or was a member of a health maintenance organization or prepaid health clinic as defined in chapter 641, which would otherwise pay for the same services. Travel expense and per diem costs shall be reimbursed pursuant to s. 112.061.

- (4) HEALTH CARE PRACTITIONER REGISTRY. -- The department may use the registries established in ss. 401.273 and 456.38 when health care practitioners are needed to staff special needs shelters or to assist with other disaster-related activities staff disaster medical assistance teams.
- (5) SPECIAL NEEDS SHELTER INTERAGENCY COMMITTEE. -- The Secretary Department of Health may establish a special needs shelter interagency committee and serve as or appoint a designee to serve as the committee's chair. The department shall provide any necessary staff and resources to support the committee in the performance of its duties, to be chaired and staffed by the department. The committee shall address and resolve problems related to special needs shelters not addressed in the state comprehensive emergency medical plan and shall consult on serve as an oversight committee to monitor the planning and operation of special needs shelters.
  - (a) The committee shall may:
- Develop, and negotiate, and regularly review any necessary interagency agreements.
- Undertake other such activities as the department deems necessary to facilitate the implementation of this section.
  - 3. Submit recommendations to the Legislature as necessary.

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- (c) Meetings of the committee shall be held in Tallahassee, and members of the committee shall serve at the expense of the agencies or organizations they represent. The committee shall make every effort to use teleconference or video conference capabilities in order to ensure statewide input and participation.
- (6) RULES.--The department has the authority to adopt rules necessary to implement this section. Rules <a href="mailto:shall-may">shall may</a> include:

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- (a) The a definition of a "person with special needs", including eligibility criteria for individuals with physical, mental, cognitive impairment, or sensory disabilities and the services a person with special needs can expect to receive in a special needs shelter patient, specify physician reimbursement, and designate which county health departments will have responsibility for implementation of subsections (2) and (3).
- (b) The process for special needs shelter health care practitioners and facility reimbursement for services provided in a disaster.
- (c) Guidelines for special needs shelter staffing levels to provide services.
- (d) The definition of and standards for special needs shelter supplies and equipment, including durable medical equipment.
- (e) Standards for the special needs shelter registration process, including guidelines for addressing the needs of unregistered persons in need of a special needs shelter.
- (f) Standards for addressing the needs of families where only one dependent is eligible for admission to a special needs shelter and the needs of adults with special needs who are caregivers for individuals without special needs.
- (g) The requirement of the county health departments to seek the participation of hospitals, nursing homes, assisted living facilities, home health agencies, hospice providers, nurse registries, home medical equipment providers, dialysis centers, and other health and medical emergency preparedness stakeholders in pre-event planning activities.
- (7) REVIEW OF EMERGENCY MANAGEMENT PLANS.—The submission of emergency management plans to county health departments by home health agencies, pursuant to s. 400.497(8)(c) and (d) and 04/20/2006 10:32 a.m.

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by nurse registries, pursuant to s. 400.506(16)(e) and by hospice programs, pursuant to s. 400.610(1)(b) and home medical equipment providers is conditional upon the receipt of an appropriation by the department to establish medical services disaster coordinator positions in county health departments unless the secretary of the department and a local county commission jointly determine to require such plans to be submitted based on a determination that there is a special need to protect public health in the local area during an emergency. Section 6. Section 400.492, Florida Statutes, is amended

Section 6. Section 400.492, Florida Statutes, is amended to read:

400.492 Provision of services during an emergency. -- Each home health agency shall prepare and maintain a comprehensive emergency management plan that is consistent with the standards adopted by national or state accreditation organizations and consistent with the local special needs plan. The plan shall be updated annually and shall provide for continuing home health services during an emergency that interrupts patient care or services in the patient's home. The plan shall include the means by which the home health agency will continue to provide staff to perform the same type and quantity of services to their patients who evacuate to special needs shelters that were being provided to those patients prior to evacuation. The plan shall describe how the home health agency establishes and maintains an effective response to emergencies and disasters, including: notifying staff when emergency response measures are initiated; providing for communication between staff members, county health departments, and local emergency management agencies, including a backup system; identifying resources necessary to continue essential care or services or referrals to other organizations

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subject to written agreement; and prioritizing and contacting

patients who need continued care or services.

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- (2) Each home health agency shall maintain a current prioritized list of patients who need continued services during an emergency. The list shall indicate how services shall be continued in the event of an emergency or disaster for each patient and if the patient is to be transported to a special needs shelter, and shall indicate if the patient is receiving skilled nursing services and the patient's medication and equipment needs. The list shall be furnished to county health departments and to local emergency management agencies, upon request.
- (3) Home health agencies shall not be required to continue to provide care to patients in emergency situations that are beyond their control and that make it impossible to provide services, such as when roads are impassable or when patients do not go to the location specified in their patient records. Home health agencies may establish links to local emergency operations centers to determine a mechanism to approach specific

# HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. (for drafter's use only)

areas within a disaster area in order for the agency to reach its clients. Home health agencies shall demonstrate a good faith effort to comply with the requirements of this subsection by documenting attempts of staff to follow procedures as outlined in the home health agency's comprehensive emergency management plan, and by the patient's record, which support a finding that continuing care has been attempted to be provided for those patients who have been identified as needing care by the home health agency and registered under s. 252.355, F.S., in the event of an emergency or disaster under subsection (1).

(4) Notwithstanding the provisions of s. 400.464(2) or any other provision of law to the contrary, a home health agency may provide services in a special needs shelter located in any county.

Section 7. Paragraphs (c) and (d) of subsection (8) of section 400.497, Florida Statutes, are amended to read:

400.497 Rules establishing minimum standards.—The agency shall adopt, publish, and enforce rules to implement this part, including, as applicable, ss. 400.506 and 400.509, which must provide reasonable and fair minimum standards relating to:

- (8) Preparation of a comprehensive emergency management plan pursuant to s. 400.492.
- county health department. During its review, the county health department shall contact state and local health and medical stakeholders during its review when necessary. ensure that the following agencies, at a minimum, are given the opportunity to review the plan:
  - 1. The local emergency management agency.
  - 2. The Agency for Health Care Administration.

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- 3. The local chapter of the American Red Cross or other lead sheltering agency.
- 4. The district office of the Department of Children and Family Services.

The county health department shall complete its review to ensure that the plan is in accordance with the criteria set forth in the rules of the Agency for Health Care Administration within 90 60 days after receipt of the plan and shall either approve the plan or advise the home health agency of necessary revisions. If the home health agency fails to submit a plan or fails to submit the requested information or revisions to the county health department within 30 days after written notification from the county health department, the county health department shall notify the Agency for Health Care Administration. The agency shall notify the home health agency that such failure constitutes a deficiency, subject to a fine of \$5,000 per occurrence. If the plan is not submitted, information is not provided, or revisions are not made as requested, the agency may impose the fine.

For any home health agency that operates in more than one county, the Department of Health shall review the plan, after consulting with state and local health and medical stakeholders, when necessary all of the county health departments, the agency, and all the local chapters of the American Red Cross or other lead sheltering agencies in the areas of operation for that particular home health agency. The department of Health shall complete its review within 90 days after receipt of the plan and shall either approve the plan or advise the home health agency of necessary revisions. The department of Health shall make every effort to avoid imposing 04/20/2006 10:32 a.m.

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differing requirements on a home health agency that operates in more than one county as a result of differing or conflicting comprehensive plan requirements of the based on differences between counties in which on the home health agency operates.

Section 8. Subsection (16) of section 400.506, Florida Statutes, is amended to read:

400.506 Licensure of nurse registries; requirements; penalties.--

(16) Each nurse registry shall prepare and maintain a comprehensive emergency management plan that is consistent with the criteria in this subsection and with the local special needs plan. The plan shall be updated annually. The plan shall include the means by which the nurse registry will continue to perform the same type and quantity of services to their patients who evacuate to special needs shelters that were being provided to those patients prior to evacuation. The plan shall specify how the nurse registry shall facilitate the provision of continuous care by persons referred for contract to persons who are registered pursuant to s. 252.355 during an emergency that interrupts the provision of care or services in private residencies. Nurse registries may establish links to local emergency operations centers to determine a mechanism to approach specific areas within a disaster area in order for a provider to reach its clients. Nurse registries shall demonstrate a good faith effort to comply with the requirements of this subsection by documenting attempts of staff to follow procedures as outlined in the nurse registry's comprehensive emergency management plan which support a finding that continuing care has been attempted to be provided for those patients who have been identified as needing care by the nurse

an emergency under s. 400.506(1).

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(a) All persons referred for contract who care for persons registered pursuant to s. 252.355 must include in the patient record a description of how care will be continued during a disaster or emergency that interrupts the provision of care in the patient's home. It shall be the responsibility of the person referred for contract to ensure that continuous care is

- (b) Each nurse registry shall maintain a current prioritized list of patients in private residences who are registered pursuant to s. 252.355 and are under the care of persons referred for contract and who need continued services during an emergency. This list shall indicate, for each patient, if the client is to be transported to a special needs shelter and if the patient is receiving skilled nursing services. Nurse registries shall make this list available to county health departments and to local emergency management agencies upon request.
- Each person referred for contract who is caring for a patient who is registered pursuant to s. 252.355 shall provide a list of the patient's medication and equipment needs to the nurse registry. Each person referred for contract shall make this information available to county health departments and to local emergency management agencies upon request.
- Each person referred for contract shall not be required to continue to provide care to patients in emergency situations that are beyond the person's control and that make it impossible to provide services, such as when roads are impassable or when patients do not go to the location specified in their patient records.

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- The comprehensive emergency management plan required by this subsection is subject to review and approval by the county health department. During its review, the county health department shall contact state and local health and medical stakeholders, when necessary ensure that, at a minimum, the local emergency management agency, the Agency for Health Care Administration, and the local chapter of the American Red Cross or other lead sheltering agency are given the opportunity to review the plan. The county health department shall complete its review to ensure that the plan is in accordance with the criteria set forth in the rules of the Agency for Health Care Administration within 90 60 days after receipt of the plan and shall either approve the plan or advise the nurse registry of necessary revisions. If a nurse registry fails to submit a plan or fails to submit requested information or revisions to the county health department within 30 days after written notification from the county health department, the county health department shall notify the Agency for Health Care Administration. The agency shall notify the nurse registry that such failure constitutes a deficiency, subject to a fine of \$5,000 per occurrence. If the plan is not submitted, information is not provided, or revisions are not made as requested, the agency may impose the fine.
- (f) The Agency for Health Care Administration shall adopt rules establishing minimum criteria for the comprehensive emergency management plan and plan updates required by this subsection, with the concurrence of the Department of Health and in consultation with the Department of Community Affairs.
- Section 9. Paragraph (b) of subsection (1) of section 400.610, Florida Statutes, is amended to read:

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- 400.610 Administration and management of a hospice. --
- (1) A hospice shall have a clearly defined organized governing body, consisting of a minimum of seven persons who are representative of the general population of the community served. The governing body shall have autonomous authority and responsibility for the operation of the hospice and shall meet at least quarterly. The governing body shall:
- (b) 1. Prepare and maintain a comprehensive emergency management plan that provides for continuing hospice services in the event of an emergency that is consistent with local special needs plans. The plan shall include provisions for ensuring continuing care to hospice patients who go to special needs shelters. The plan shall include the means by which the hospice provider will continue to provide staff to perform the same type and quantity of services to their patients who evacuate to special needs shelters that were being provided to those patients prior to evacuation. The plan is subject to review and approval by the county health department, except as provided in subparagraph 2. During its review, the county health department shall contact state and local health and medical stakeholders, when necessary ensure that the department, the agency, and the local chapter of the American Red Cross or other lead sheltering agency have an opportunity to review and comment on the plan. The county health department shall complete its review to ensure that the plan is in accordance with the criteria set forth in the rules of the Department of Elderly Affairs within 90 60 days after receipt of the plan and shall either approve the plan or advise the hospice of necessary revisions. Hospice providers may establish links to local emergency operations centers to determine a mechanism to approach specific areas within a disaster area in order for the provider to reach its clients. A

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hospice shall demonstrate a good faith effort to comply with the requirements of this paragraph by documenting attempts of staff to follow procedures as outlined in the hospice's comprehensive emergency management plan and to provide continuing care for those hospice clients who have been identified as needing alternative caregiver services in the event of an emergency.

For any hospice that operates in more than one county, the Department of Health during its review shall contact state and local health and medical stakeholders, when necessary review the plan, after consulting with all of the county health departments, the agency, and all the local chapters of the American Red Cross or other lead sheltering agency in the areas of operation for that particular hospice. The Department of Health shall complete its review to ensure that the plan is in accordance with the criteria set forth in the rules of the Department of Elderly Affairs within 90 days after receipt of the plan and shall either approve the plan or advise the hospice of necessary revisions. The Department of Health shall make every effort to avoid imposing on the hospice differing requirements on a hospice that operates in more than one county as a result of differing or conflicting comprehensive plan requirements of the based on differences between counties in which the hospice operates.

Section 10. Subsections (13) through (16) of section 400.925, Florida Statutes, are renumbered as subsections (14) through (17), respectively, and a new subsection (13) is added to that section to read:

400.925 Definitions. -- As used in this part, the term:

(13) "Life-supporting or life-sustaining equipment" means a device that is essential to, or that yields information that is essential to, the restoration or continuation of a bodily

function important to the continuation of human life. Lifesupporting or life-sustaining equipment includes apnea monitors,
enteral feeding pumps, infusion pumps, portable home dialysis
equipment, and ventilator equipment and supplies for all related
equipment, including oxygen equipment and related respiratory
equipment.

Section 11. Subsections (20), (21), and (22) are added to section 400.934, Florida Statutes, to read:

400.934 Minimum standards.--As a requirement of licensure, home medical equipment providers shall:

(20) (a) Prepare and maintain a comprehensive emergency management plan that meets minimum criteria established by the agency in rule under s. 400.935. The plan shall be updated annually and shall provide for continuing home medical equipment services for life-supporting or life-sustaining equipment, as defined in 400.925, during an emergency that interrupts home medical equipment services in a patient's home. The plan shall include:

- 1. The means by which the home medical equipment provider will continue to provide equipment to perform the same type and quantity of services to its patients who evacuate to special needs shelters that were being provided to those patients prior to evacuation.
- 2. The means by which the home medical equipment provider establishes and maintains an effective response to emergencies and disasters, including plans for:
- a. Notification of staff when emergency response measures are initiated.
- b. Communication between staff members, county health departments, and local emergency management agencies, which shall include provisions for a backup communications system.

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- c. Identification of resources necessary to continue essential care or services or referrals to other organizations subject to written agreement.
- d. Contacting and prioritizing patients in need of continued medical equipment services and supplies.
- (b) The plan is subject to review and approval by the county health department. During its review, the county health department shall contact state and local health and medical stakeholders, when necessary. The county health department shall complete its review to ensure that the plan is in accordance with the criteria set forth in the rules of the Agency for Health Care Administration within 90 days after receipt of the plan. If a home medical equipment provider fails to submit a plan or fails to submit requested information or revisions to the county health department within 30 days after written notification from the county health department, the county health department shall notify the Agency for Health Care Administration. The agency shall notify the home medical equipment provider that such failure constitutes a deficiency, subject to a fine of \$5,000 per occurrence. If the plan is not submitted, information is not provided, or revisions are not made as requested, the agency may impose the fine.
- (21) Each home medical equipment provider shall maintain a current prioritized list of patients who need continued services during an emergency. The list shall indicate the means by which services shall be continued for each patient in the event of an emergency or disaster, whether the patient is to be transported to a special needs shelter, and whether the patient has lifesupporting or life-sustaining equipment, including the specific type of equipment and related supplies. The list shall be

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furnished to county health departments and local emergency management agencies, upon request.

(22) Home medical equipment providers may establish links to local emergency operations centers to determine a mechanism to approach specific areas within a disaster area in order for the provider to reach its patients.

Section 12. Subsection (11) is added to section 400.935, Florida Statutes, to read:

400.935 Rules establishing minimum standards. -- The agency shall adopt, publish, and enforce rules to implement this part, which must provide reasonable and fair minimum standards relating to:

(11) Preparation of the comprehensive emergency management plan under s. 400.934 and the establishment of minimum criteria for the plan, including the maintenance of patient equipment and supply lists that can accompany patients who are transported from their homes. Such rules shall be formulated in consultation with the Department of Health and the Department of Community Affairs.

Section 13. Section 408.831, Florida Statutes, is amended to read:

408.831 Denial, suspension, or revocation of a license, registration, certificate, or application. --

- In addition to any other remedies provided by law, the agency may deny each application or suspend or revoke each license, registration, or certificate of entities regulated or licensed by it:
- If the applicant, licensee, registrant, or certificateholder, or, in the case of a corporation, partnership, or other business entity, if any officer, director, agent, or managing employee of that business entity or any 04/20/2006 10:32 a.m.

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affiliated person, partner, or shareholder having an ownership interest equal to 5 percent or greater in that business entity, has failed to pay all outstanding fines, liens, or overpayments assessed by final order of the agency or final order of the Centers for Medicare and Medicaid Services, not subject to further appeal, unless a repayment plan is approved by the agency; or

- (b) For failure to comply with any repayment plan.
- (2) In reviewing any application requesting a change of ownership or change of the licensee, registrant, or certificateholder, the transferor shall, prior to agency approval of the change, repay or make arrangements to repay any amounts owed to the agency. Should the transferor fail to repay or make arrangements to repay the amounts owed to the agency, the issuance of a license, registration, or certificate to the transferee shall be delayed until repayment or until arrangements for repayment are made.
- (3) Entities subject to this section may exceed their licensed capacity to act as a receiving facility in accordance with an emergency operations plan for clients of evacuating providers from a geographic area where an evacuation order has been issued by a local authority having jurisdiction. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity beyond 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending facility.
- (4) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area where a state of emergency was declared by the Governor if the provider:

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(c) Does not have a provisional license.

reasonably expected to resume services within 12 months.

(d) Will be temporarily unable to provide services but is

An inactive license may be issued for a period not to exceed 12

months but may be renewed by the agency for up to 12 additional

reopening. A request by a licensee for an inactive license or to

extend the previously approved inactive period must be submitted

in writing to the agency, accompanied by written justification

for the inactive license which states the beginning and ending

dates\_of inactivity and includes a plan for the transfer of any

clients to other providers and appropriate licensure fees. Upon

agency approval, the licensee shall notify clients of any

necessary discharge or transfer as required by authorizing

statutes or applicable rules. The beginning of the inactive

operations. The end of the inactive period shall become the

current, paid in full, and may be prorated. Reactivation of an

inactive license requires the prior approval by the agency of a

agency inspections indicating compliance with all requirements

renewal application, including payment of licensure fees and

licensee expiration date, and all licensure fees must be

licensure period shall be the date the provider ceases

months upon demonstration to the agency of progress toward

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- (a) Suffered damage to the provider's operation during that state of emergency.

(b) Is currently licensed.

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- of this part and applicable rules and statutes. (5) This section provides standards of enforcement
- applicable to all entities licensed or regulated by the Agency for Health Care Administration. This section controls over any conflicting provisions of chapters 39, 381, 383, 390, 391, 393,

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- 394, 395, 400, 408, 468, 483, and 641 or rules adopted pursuant to those chapters.
- Section 14. Emergency Preparedness-prescription medication refills.-
  - other entities, which are licensed by the Office of Insurance Regulation, that provide prescription medication coverage as part of a policy or contract shall waive time restrictions on prescription medication refills, which includes suspension of electronic "refill too soon" edits to pharmacies, to enable insureds or subscribers to refill prescriptions in advance, as long as there are authorized refills remaining, and shall authorize payment to pharmacies for at least a thirty day supply of any prescription medication, regardless of the date upon which the prescription had most recently been filled by a pharmacist, when the following conditions occur:
  - (2) The person seeking the prescription medication refill resides in a county that is:
  - (a) under a hurricane warning issued by the National Weather Service;
  - (b) said county is declared to be under a State of Emergency in an Executive Order issued by the Governor of Florida; or
  - (c) said county has activated its Emergency Operations
    Center and its Emergency Management Plan.
  - (3) The prescription medication refill is requested within thirty (30) days of the origination date of the conditions stated in (1) or until such conditions are terminated by the issuing authority or no longer exists. The time period for the waiver of prescription medication refills may be extended in

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fifteen (15) or thirty (30) day increments by Emergency Orders issued by the Office of Insurance Regulation.

(4) Nothing in this act excuses or exempts an insured or subscriber from compliance with all the other terms of the policy or contract providing prescription medication coverage.

Section 15. The Legislature finds that all designated public special needs hurricane evacuation shelters should be equipped with permanent emergency power generating capacity to provide the necessary equipment, heating, ventilation, and airconditioning to meet the medical needs of patients by June 1, 2007. The Department of Community Affairs shall work with local communities to ensure that there is a sufficient number of public special needs shelters designated to meet the anticipated demand based on best available data as determined by the department and the Department of Health. Local match for these projects shall be no less than 25 percent of project cost. There is hereby appropriated \$21.5 million from the U.S. Contributions Trust Fund in fixed capital outlay to the Department of Community Affairs to establish a competitive award process to implement this section. No more than 5 percent of the funds provided under this section may be used by the department for administration of the funding.

Section 16. The Legislature finds that retrofitting public hurricane evacuation shelters is an efficient and economical method of accelerating the state and local efforts to reduce the shelter deficit. Criteria for the retrofitting of a public hurricane evacuation shelter shall include, but not be limited to, the project's ability to meet the structural and siting requirements of American Red Cross Standard ARC 4496, "Guidelines for Hurricane Evacuation Shelter Selection," once completed; the shelter needs for the local government, as well

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as the overall needs of the hurricane evacuation planning region; the cost-effectiveness of the project in terms of the number of public hurricane evacuation spaces; and the priority ranking of the proposed project in the applicable local mitigation strategy. There is hereby appropriated \$9 million from the U.S. Contributions Trust Fund in fixed capital outlay to the Department of Community Affairs to establish a competitive award process to implement this section. No more than 5 percent of the funds provided under this section may be used by the department for administration of this funding.

Section 17. For the 2006-2007 fiscal year, the sums of \$896,799 from recurring general revenue funds and \$104,156 from nonrecurring general revenue funds are appropriated, and 20 full-time equivalent positions are authorized at \$872,644 salary rate, to implement the provisions of emergency management plan reviews for home health agencies and nurse registry, hospice, and home medical equipment providers.

Section 18. This act shall take effect July 1, 2006.

========= T I T L E A M E N D M E N T ==========

Remove the entire title and insert:

A bill to be entitled

An act relating to emergency management; amending s. 252.355, F.S.; specifying additional entities and agencies that are required to provide registration information to persons with disabilities or special needs for purposes of inclusion within the registry of persons with special needs maintained by local emergency management agencies; providing that the Department of Community Affairs shall be the designated lead agency responsible for community education and outreach to the general

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13 public, including persons with special needs, regarding 914 registration as a person with special needs, special needs 915 shelters, and general information regarding shelter stays; 916 providing that special needs shelters must allow persons with 917 special needs to bring service animals into special needs 918 shelters; revising provisions with respect to the required 919 notification of residential utility customers of the availability of the special needs registration program; 920 921 providing that specified confidential and exempt information 922 relating to roster of persons with special needs in special 923 needs shelters be provided to local law enforcement; creating s. 924 252.3568, F.S.; requiring the Division of Emergency Management 925 to address strategies for the evacuation of persons with pets in the shelter component of the state comprehensive emergency 926 927 management plan; creating s. 252.357, F.S., requiring the 28 Florida Comprehensive Emergency Management Plan to permit the 929 Agency for Health Care Administration to make initial contact 930 with each nursing home and assisted living facility in a 931 disaster area; requiring the agency to annually publish an 932 emergency telephone number that may be used by nursing homes and 933 assisted living facilities to contact the agency; amending s. 934 252.385, F.S., relating to public shelter space; requiring the 935 Division of Emergency Management of the Department of Community 936 Affairs to biennially prepare and submit a statewide emergency 937 shelter plan to the Governor and the Cabinet for approval; 938 providing plan requirements; requiring the Department of Health to provide specified assistance to the division; revising those 939 940 facilities which are excluded as being suitable for use as 941 public hurricane evacuation shelters; requiring local emergency 942 management agencies to coordinate with public facilities to 43 determine readiness prior to activation; amending s. 381.0303,

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944 F.S.; providing for the operation of special needs shelters; providing that local Children's Medical Services offices shall 945 946 assume lead responsibility for specified coordination with 947 respect to the development of a plan for the staffing and 948 medical management of pediatric special needs shelters; 949 requiring such plans to conform to the local comprehensive 950 emergency management plan; requiring county governments to 951 assist the Department of Health with nonmedical staffing and 952 operation of special needs shelters; requiring county health 953 departments and emergency management agencies to coordinate such 954 efforts to ensure appropriate staffing; providing that the 955 appropriate county health department, Children's Medical 956 Services office, and local emergency management agency shall 957 jointly determine the responsibility for medical supervision in 958 a special needs shelter; providing notification requirements; 959 requiring the emergency management agency and the local health 960 department to coordinate efforts to ensure appropriate 961 designation, operation, and closure in special needs shelters; 962 requiring the Secretary of Elderly Affairs to convene 963 multiagency special needs shelter discharge planning teams to 964 assist local areas that are severely impacted by a natural or 965 manmade disaster that requires the use of special needs 966 shelters; providing duties and responsibilities of such 967 discharge planning teams; providing for the inclusion of 968 specified state agency representatives on each discharge 969 planning team; revising provisions relating to reimbursement of 970 health care practitioners; providing for eligibility of specified health care facilities for reimbursement when a 972 multiagency special needs shelter discharge planning team 973 discharges persons with special needs to such receiving facilities; providing procedures and requirements with respect

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to such reimbursement; requiring the department to specify by rule expenses that are reimbursable and the rate of reimbursement for services; revising provisions which prescribe means of and procedures for reimbursement; disallowing specified reimbursements; revising provisions with respect to the organization, role, duties, and composition of the special needs shelter interagency committee; requiring the department to adopt specified rules with respect to special needs shelters; amending ss. 400.492, 400.497, 400.506, 400.610, and 400.934, F.S.; revising requirements with respect to the comprehensive emergency management plans of home health agencies, nurse registries, and hospices, and providing such requirements with respect to home medical equipment providers, to include the means by which continuing services will be provided to patients who evacuate to special needs shelters; authorizing the establishment of links to local emergency operations centers for specified purposes; revising requirements of a county health department with respect to review of a comprehensive emergency management plan submitted by a home health agency, nurse registry, or hospice; providing requirements upon failure to submit a plan or requested information to the department; providing for imposition of a fine; revising requirements of the Department of Health with respect to review of the plan of a home health agency or hospice that operates in more than one county; providing that the preparation and maintenance of a comprehensive emergency management plan by a home medical equipment provider is a requirement for licensure and must meet minimum criteria established by the Agency for Health Care Administration; providing plan requirements; providing that the plan is subject to review and approval by the county health department; requiring each home medical equipment provider to

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1006	maintain a current prioritized list of patients who need
1007	continued services during an emergency; amending s. 400.925,
1008	F.S.; defining "life-supporting or life-sustaining equipment"
1009	for purposes of pt. X of ch. 400, F.S., relating to home medical
1010	equipment providers; amending s. 400.935, F.S.; requiring the
1011	Agency for Health Care Administration to adopt rules with
1012	respect to the comprehensive emergency management plan prepared
1013	by a home medical equipment services provider; amending s.
1014	408.831, F.S.; providing that entities regulated or licensed by
1015	the Agency for Health Care Administration may exceed their
1016	licensed capacity to act as a receiving facility under specified
1017	circumstances; providing requirements while such entities are in
1018	an overcapacity status; providing for issuance of an inactive
1019	license to such licensees under specified conditions; providing
1020	requirements and procedures with respect to the issuance and
1021	reactivation of an inactive license; providing fees; requiring
1022	certain health insurance companies to waive restrictions on
1023	filling prescriptions during a declared State of Emergency;
1024	providing legislative findings with respect to the equipping of
1025	all designated public special needs hurricane evacuation
1026	shelters with permanent emergency power generating capacity by a
1027	specified date; requiring the Department of Community Affairs to
1028	work with local communities to ensure a sufficient number of
1029	public special needs shelters designated to meet anticipated
1030	demand; specifying the percentage of local match for such
1031	projects; providing an appropriation to the Department of
1032	Community Affairs to establish a competitive award process;
1033	specifying a limit with respect to administration of the
1034	funding; providing legislative findings with respect to
1035	retrofitting public hurricane evacuation shelters; providing
1036	criteria for the retrofitting of a public hurricane evacuation

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shelter; providing an appropriation to the Department of Community Affairs to establish a competitive award process; specifying a limit with respect to administration of the

funding; providing an appropriation to implement the provisions of emergency management plan reviews for home health agencies

and nurse registry, hospice, and home medical equipment

providers; providing an effective date.

# House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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### Amendment to HB 7203 by Rep. Benson

The amendment directs the Department of Health to inform licensed health care practitioners about preventing and treating obesity, rather that simply preventing it. The bill also directs the Department of Health to work with other state agencies to develop obesity treatment and prevention strategies.

	Amendment No (for drafter's use only)
<b>)</b>	Bill No. HB 7203 CS
/	COUNCIL/COMMITTEE ACTION
	ADOPTED(Y/N)
	ADOPTED AS AMENDED(X/N)
	ADOPTED W/O OBJECTION (Y/N)
	FAILED TO ADOPT (Y/N)
	WITHDRAWN(Y/N)
	OTHER
1	Council/Committee hearing bill: Health & Families Council
2	Representative(s) Benson offered the following:
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4	Amendment (with directory and title amendments)
5	Remove line(s) 59-67 and insert:
6	
7	policies and strategies for preventing and treating obesity,
8	which shall be incorporated into programs administered by each
9	agency and shall include promoting healthy lifestyles of
10	employees of each agency.
11	(g) Advising, in accordance with s. 456.081, health care
12	practitioners licensed in this state regarding the morbidity,
13	mortality, and costs associated with the condition of being
14	overweight or obese, informing such practitioners of clinical
15	best practices for preventing and treating obesity, and
16	encouraging
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18	========= T I T L E A M E N D M E N T =========
19	Remove line(s) 10-16 and insert:
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	Amendment No (for drafter's use only)
21	policies and strategies to prevent and treat obesity which shall
22	be incorporated into agency programs; requiring the department
23	to advise health care practitioners regarding morbidity,
24	mortality, and costs associated with the condition of being
25	overweight or obese; requiring the department to inform health
26	care practitioners about clinical best practices for obesity
27	prevention, treatment, and to

### Amendment to HB 7203 CS by Rep. Henriquez

Wellness benefits are broadly recognized as valuable adjuncts to health insurance plans and can stabilize the costs of an employer's direct benefits costs by reducing compensated absences, increasing productivity, and limiting the out-of-pocket expenses incurred by employees for health events that can be minimized by lifestyle changes. Current law provides premium rebates for insurance plans that can demonstrate a majority of enrollees participate in organized wellness programs. The nominal indicators of measurement are smoking cessation, weight reduction, and body mass index.

Current law requires the Department of Management Services to establish a schedule of minimum benefits for health maintenance organization coverage for state employees including age-based and gender-based wellness benefits.

This amendment (the substance of HB 783 CS) defines specific elements in age-based and gender-based services provided by health maintenance organizations under contract to the state employee health insurance program. These elements include:

- aerobic exercise,
- education in alcohol and substance abuse prevention,
- blood cholesterol screening,
- health risk appraisals,
- blood pressure screening and education.
- nutrition education,
- program planning,
- safety belt education,
- smoking cessation,
- stress management,
- weight management, and
- woman's health education

It addition, the amendment creates within the Department of Management Services the Florida State Employee Wellness Council, made up of nine members appointed by the Governor with specific duties that include:

- Working to encourage participation in wellness programs by state employees.
- Developing standards and criteria for age-based and gender-based wellness programs.
- Recommending a "healthy food and beverage" menu for food-service establishments in buildings owned, operated, or leased by the state.

# HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. (for drafter's use only)

Bill No. HB 7203 CS

#### COUNCIL/COMMITTEE ACTION

ADOPTED \_\_\_\_\_ (Y/N)
ADOPTED AS AMENDED \_\_\_\_\_ (Y/N)
ADOPTED W/O OBJECTION \_\_\_\_\_ (Y/N)
FAILED TO ADOPT \_\_\_\_\_ (Y/N)
WITHDRAWN \_\_\_\_\_ (Y/N)

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19 20 Council/Committee hearing bill: Health & Families Council Representative(s) Henriquez offered the following:

#### Amendment (with title amendment)

Between line(s) 74 and 75 insert:

Section 2. Paragraph (h) of subsection (3) of section 110.123, Florida Statutes, is amended, and subsection (13) is added to that section, to read:

- 110.123 State group insurance program.--
- (3) STATE GROUP INSURANCE PROGRAM. --
- (h)1. A person eligible to participate in the state group insurance program may be authorized by rules adopted by the department, in lieu of participating in the state group health insurance plan, to exercise an option to elect membership in a health maintenance organization plan which is under contract with the state in accordance with criteria established by this section and by said rules. The offer of optional membership in a health maintenance organization plan permitted by this paragraph may be limited or conditioned by rule as may be necessary to meet the requirements of state and federal laws.

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- The department shall establish a schedule of minimum benefits for health maintenance organization coverage, and that schedule shall include: physician services; inpatient and outpatient hospital services; emergency medical services, including out-of-area emergency coverage; diagnostic laboratory and diagnostic and therapeutic radiologic services; mental health, alcohol, and chemical dependency treatment services meeting the minimum requirements of state and federal law; skilled nursing facilities and services; prescription drugs; age-based and gender-based wellness benefits; and other benefits as may be required by the department. Additional services may be provided subject to the contract between the department and the HMO. As used in this paragraph, the term "age-based and genderbased wellness benefits" includes aerobic exercise, education in alcohol and substance abuse prevention, blood cholesterol screening, health risk appraisals, blood pressure screening and education, nutrition education, program planning, safety belt education, smoking cessation, stress management, weight management, and woman's health education.
- b. The department may establish uniform deductibles, copayments, coverage tiers, or coinsurance schedules for all participating HMO plans.
- c. The department may require detailed information from each health maintenance organization participating in the procurement process, including information pertaining to

organizational status, experience in providing prepaid health benefits, accessibility of services, financial stability of the plan, quality of management services, accreditation status, quality of medical services, network access and adequacy, performance measurement, ability to meet the department's reporting requirements, and the actuarial basis of the proposed rates and other data determined by the director to be necessary for the evaluation and selection of health maintenance organization plans and negotiation of appropriate rates for these plans. Upon receipt of proposals by health maintenance organization plans and the evaluation of those proposals, the department may enter into negotiations with all of the plans or a subset of the plans, as the department determines appropriate. Nothing shall preclude the department from negotiating regional or statewide contracts with health maintenance organization plans when this is cost-effective and when the department determines that the plan offers high value to enrollees.

- d. The department may limit the number of HMOs that it contracts with in each service area based on the nature of the bids the department receives, the number of state employees in the service area, or any unique geographical characteristics of the service area. The department shall establish by rule service areas throughout the state.
- e. All persons participating in the state group insurance program may be required to contribute towards a total state group health premium that may vary depending upon the plan and coverage tier selected by the enrollee and the level of state contribution authorized by the Legislature.
- 3. The department is authorized to negotiate and to contract with specialty psychiatric hospitals for mental health

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Amendment No. (for drafter's use only)

benefits, on a regional basis, for alcohol, drug abuse, and mental and nervous disorders. The department may establish, subject to the approval of the Legislature pursuant to subsection (5), any such regional plan upon completion of an actuarial study to determine any impact on plan benefits and premiums.

- 4. In addition to contracting pursuant to subparagraph 2., the department may enter into contract with any HMO to participate in the state group insurance program which:
- a. Serves greater than 5,000 recipients on a prepaid basis under the Medicaid program;
- b. Does not currently meet the 25-percent non-Medicare/non-Medicaid enrollment composition requirement established by the Department of Health excluding participants enrolled in the state group insurance program;
- c. Meets the minimum benefit package and copayments and deductibles contained in sub-subparagraphs 2.a. and b.;
- d. Is willing to participate in the state group insurance program at a cost of premiums that is not greater than 95 percent of the cost of HMO premiums accepted by the department in each service area; and
  - e. Meets the minimum surplus requirements of s. 641.225.

The department is authorized to contract with HMOs that meet the requirements of sub-subparagraphs a.-d. prior to the open enrollment period for state employees. The department is not required to renew the contract with the HMOs as set forth in this paragraph more than twice. Thereafter, the HMOs shall be eligible to participate in the state group insurance program

Amendment No. (for drafter's use only)

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only through the request for proposal or invitation to negotiate process described in subparagraph 2.

- 5. All enrollees in a state group health insurance plan, a TRICARE supplemental insurance plan, or any health maintenance organization plan have the option of changing to any other health plan that is offered by the state within any open enrollment period designated by the department. Open enrollment shall be held at least once each calendar year.
- When a contract between a treating provider and the state-contracted health maintenance organization is terminated for any reason other than for cause, each party shall allow any enrollee for whom treatment was active to continue coverage and care when medically necessary, through completion of treatment of a condition for which the enrollee was receiving care at the time of the termination, until the enrollee selects another treating provider, or until the next open enrollment period offered, whichever is longer, but no longer than 6 months after termination of the contract. Each party to the terminated contract shall allow an enrollee who has initiated a course of prenatal care, regardless of the trimester in which care was initiated, to continue care and coverage until completion of postpartum care. This does not prevent a provider from refusing to continue to provide care to an enrollee who is abusive, noncompliant, or in arrears in payments for services provided. For care continued under this subparagraph, the program and the provider shall continue to be bound by the terms of the terminated contract. Changes made within 30 days before termination of a contract are effective only if agreed to by both parties.

# HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. (for drafter's use only)

- 7. Any HMO participating in the state group insurance program shall submit health care utilization and cost data to the department, in such form and in such manner as the department shall require, as a condition of participating in the program. The department shall enter into negotiations with its contracting HMOs to determine the nature and scope of the data submission and the final requirements, format, penalties associated with noncompliance, and timetables for submission. These determinations shall be adopted by rule.
- 8. The department may establish and direct, with respect to collective bargaining issues, a comprehensive package of insurance benefits that may include supplemental health and life coverage, dental care, long-term care, vision care, and other benefits it determines necessary to enable state employees to select from among benefit options that best suit their individual and family needs.
- a. Based upon a desired benefit package, the department shall issue a request for proposal or invitation to negotiate for health insurance providers interested in participating in the state group insurance program, and the department shall issue a request for proposal or invitation to negotiate for insurance providers interested in participating in the non-health-related components of the state group insurance program. Upon receipt of all proposals, the department may enter into contract negotiations with insurance providers submitting bids or negotiate a specially designed benefit package. Insurance providers offering or providing supplemental coverage as of May 30, 1991, which qualify for pretax benefit treatment pursuant to s. 125 of the Internal Revenue Code of 1986, with 5,500 or more state employees currently enrolled may be included by the

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department in the supplemental insurance benefit plan. established by the department without participating in a request for proposal, submitting bids, negotiating contracts, or negotiating a specially designed benefit package. These contracts shall provide state employees with the most costeffective and comprehensive coverage available; however, no state or agency funds shall be contributed toward the cost of any part of the premium of such supplemental benefit plans. With respect to dental coverage, the division shall include in any solicitation or contract for any state group dental program made after July 1, 2001, a comprehensive indemnity dental plan option which offers enrollees a completely unrestricted choice of dentists. If a dental plan is endorsed, or in some manner recognized as the preferred product, such plan shall include a comprehensive indemnity dental plan option which provides enrollees with a completely unrestricted choice of dentists.

- b. Pursuant to the applicable provisions of s. 110.161, and s. 125 of the Internal Revenue Code of 1986, the department shall enroll in the pretax benefit program those state employees who voluntarily elect coverage in any of the supplemental insurance benefit plans as provided by sub-subparagraph a.
- Nothing herein contained shall be construed to prohibit insurance providers from continuing to provide or offer supplemental benefit coverage to state employees as provided under existing agency plans.
  - (13) FLORIDA STATE EMPLOYEE WELLNESS COUNCIL. --
- (a) There is created within the department the Florida State Employee Wellness Council.
- The council shall be an advisory body to the department to provide health education information to employees

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- and to assist the department in developing minimum benefits for all health care providers when providing age-based and genderbased wellness benefits.
  - appointed by the Governor. When making appointments to the council, the Governor shall appoint persons who are residents of the state and who are highly knowledgeable concerning, active in, and recognized leaders in the health and medical field, at least one of whom must be an employee of the state. Council members shall equitably represent the broadest spectrum of the health industry and the geographic areas of the state. Not more than one member of the council may be from any one company, organization, or association.
  - (d) 1. Council members shall be appointed to 4-year terms, except that the initial terms shall be staggered. The Governor shall appoint three members to 2-year terms, three members to 3-year terms, and three members to 4-year terms.
  - 2. A member's absence from three consecutive meetings shall result in his or her automatic removal from the council. A vacancy on the council shall be filled for the remainder of the unexpired term.
  - (e) The council shall annually elect from its membership one member to serve as chair of the council and one member to serve as vice chair.
  - (f) The first meeting of the council shall be called by the chair not more than 60 days after the council members are appointed by the Governor. The council shall thereafter meet at least once quarterly and may meet more often as necessary. The department shall provide staff assistance to the council which shall include, but not be limited to, keeping records of the

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- proceedings of the council and serving as custodian of all books, documents, and papers filed with the council.
- (g) A majority of the members of the council constitutes a quorum.
- (h) Members of the council shall serve without compensation, but are entitled to reimbursement for per diem and travel expenses as provided in s. 112.061 while performing their duties.
  - (i) The council shall:
- 1. Work to encourage participation in wellness programs by state employees. The council may prepare informational programs and brochures for state agencies and employees.
- 2. In consultation with the department, develop standards and criteria for age-based and gender-based wellness programs.
- 3. In consultation with the department, recommend a "healthy food and beverage" menu for cafeterias and other foodservice establishments located in buildings owned, operated, or leased by the state.

======= T I T L E A M E N D M E N T ========

On line(s) 18 after the semicolon insert:

Amending s. 110.123, F.S.; defining the term "aged-based and gender-based benefits" for purposes of the state group insurance program; creating the Florida State Employee Wellness Council within the Department of Management Services; providing for membership; providing for reimbursement of per diem and travel expenses; providing purpose and duties of the council;

# House of Representatives COUNCIL/COMMITTEE BILL ACTION WORK SHEET

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## STRIKE EVERYTHING AMENDMENT TO HB 7217 by Representative Galvano

### The amendment does the following:

- Contains new provisions relating to the imputation of income for purposes of determining the amount of a child support award;
- Eliminates the automatic reduction in child care costs related to the 25% federal child care credit:
- Reduces the threshold in shared parenting time for a setoff in the amount of a child support award from 40% to 20%;
- Provides an explanation of the term "split parenting arrangement" and direction for calculating child support awards when those arrangements exist;
- Requires a study by Office of Program Policy Analysis and Governmental Accountability to evaluate the current process for reviewing and revising Florida's child support guidelines. A required report must contain recommendations for improving the existing process or implementing a new one;
- Reduces the arrearage threshold for denial of a passport; and
- Provides states with the option of establishing a corresponding case based on another state's administrative enforcement of an interstate case request.

Amendment No. 1

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FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	

Council/Committee hearing bill: Health and Families Council Representative Galvano offered the following:

#### Amendment (with title amendment)

Remove everything after the enacting clause and insert: Section 1. Paragraphs (a) and (c) of subsection (1) of section 61.13, Florida Statutes, are amended to read:

- 61.13 Custody and support of children; visitation rights; power of court in making orders.--
- (1)(a) In a proceeding under this chapter, the court may at any time order either or both parents who owe a duty of support to a child to pay support in accordance with the child support guidelines in s. 61.30. The court initially entering an order requiring one or both parents to make child support payments shall have continuing jurisdiction after the entry of the initial order to modify the amount and terms and conditions of the child support payments when the modification is found necessary by the court in the best interests of the child, when the child reaches majority, or when there is a substantial change in the circumstances of the parties. The court initially entering a child support order shall also have continuing jurisdiction to require the obligee to report to the court on

Amendment No. 1

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terms prescribed by the court regarding the disposition of the child support payments.

- (c) To the extent necessary to protect an award of child support, the court may order either or both parents who owe a duty of support to a child the obligor to purchase or maintain a life insurance policy or a bond, or to otherwise secure the child support award with any other assets which may be suitable for that purpose, depending upon the equities of the cause.
- Section 2. Section 61.30, Florida Statutes, is amended to read:
- 61.30 Child support guidelines; guidelines schedule; retroactive child support.--
- (1)(a)The child support quideline amount as determined by this section presumptively establishes the amount the trier of fact shall order as child support in an initial proceeding for such support or in a proceeding for modification of an existing order for such support, whether the proceeding arises under this or another chapter. The trier of fact may order payment of child support which varies, plus or minus 5 percent, from the guideline amount, after considering all relevant factors, including the needs of the child or children, age, station in life, standard of living, and the financial status and ability of each parent. The trier of fact may order payment of child support in an amount which varies more than 5 percent from such guideline amount only upon a written finding explaining why ordering payment of such guideline amount would be unjust or inappropriate. Notwithstanding the variance limitations of this section, the trier of fact shall order payment of child support which varies from the quideline amount as provided in paragraph (11)(b) whenever any of the children are required by court order or mediation agreement to spend a substantial amount of time

## $\label{eq:house_amendment} \mbox{ HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES} \\ \mbox{ Amendment No. 1}$

with the primary and secondary residential parents. This requirement applies to any living arrangement, whether temporary or permanent.

- (b) The guidelines may provide the basis for proving a substantial change in circumstances upon which a modification of an existing order may be granted. However, the difference between the existing monthly obligation and the amount provided for under the guidelines shall be at least 15 percent or \$50, whichever amount is greater, before the court may find that the guidelines provide a substantial change in circumstances.
- (c) For each support order reviewed by the department as required by s. 409.2564(11), if the amount of the child support award under the order differs by at least 10 percent but not less than \$25 from the amount that would be awarded under s. 61.30, the department shall seek to have the order modified and any modification shall be made without a requirement for proof or showing of a change in circumstances.
- (2) Income shall be determined on a monthly basis for <u>each</u> parent the obliger and for the obligee as follows:
- (a) Gross income shall include, but is not limited to, the following items:
  - 1. Salary or wages.
- 2. Bonuses, commissions, allowances, overtime, tips, and other similar payments.
- 3. Business income from sources such as self-employment, partnership, close corporations, and independent contracts.

  "Business income" means gross receipts minus ordinary and necessary expenses required to produce income.
  - 4. Disability benefits.
  - 5. All workers' compensation benefits and settlements.
  - 6. Unemployment compensation.

#### Amendment No. 1

- 7. Pension, retirement, or annuity payments.
  - 8. Social security benefits.
- 9. Spousal support received from a previous marriage or court ordered in the marriage before the court.
  - 10. Interest and dividends.
- 11. Rental income, which is gross receipts minus ordinary and necessary expenses required to produce the income.
  - 12. Income from royalties, trusts, or estates.
- 13. Reimbursed expenses or in kind payments to the extent that they reduce living expenses.
- 14. Gains derived from dealings in property, unless the gain is nonrecurring.
- (b) 1. Income on a monthly basis shall be imputed to an unemployed or underemployed parent when such employment or underemployment is found by the court to be voluntary on that parent's part, absent a finding of fact by the court of physical or mental incapacity or other circumstances over which the parent has no control. In the event of such voluntary unemployment or underemployment, the employment potential and probable earnings level of the parent shall be determined based upon his or her recent work history, occupational qualifications, and prevailing earnings level in the community as provided in this paragraph; however, the court may refuse to impute income to a primary residential parent if the court finds it necessary for the parent to stay home with the child who is the subject of the child support calculation to care for that child.
- 2. In order for the court to impute income under subparagraph 1., the court must make specific findings of fact consistent with the requirements of this paragraph. The party

a. That the unemployment or underemployment is voluntary;

b. That identifies the amount and source of the imputed

income, through evidence of available income from employment for

which the party is suitably qualified by education, experience,

parental obligations and time-sharing plan and their historical

3. A rebuttable presumption shall exist, which entitles

the court to impute Florida minimum wage to a parent if no other

evidentiary basis or mechanism for establishing a parent's gross

a. The parent has a physical or mental incapacity that

b. The parent needs to stay home with a child who is the

c. There are other circumstances over which the parent has

subject of the child support calculation proceedings and care

for that child, thereby preventing the parent's employment or

no control, except for penal incarceration, which prevents the

If evidence is produced that demonstrates that the parent is a

resident of another state, the state minimum wage applicable to

than the Florida minimum wage. In the absence of a state minimum

the parent's state of residence shall apply if it is greater

wage or if the other state's minimum wage is lower than the

consideration being given to the parties' current existing

income is available, absent a finding by the court that:

renders the parent unemployable or underemployed;

rendering the parent underemployed; or

parent from earning an income.

current licensure, or geographic location, with due

seeking to impute income has the burden to present competent,

substantial evidence:

compliance with the plan.

and

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#### Amendment No. 1

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- 4. Income may not be imputed beyond minimum wage requirements in subparagraph 3. based upon:
- a. Income records that are more than 5 years old at the time of the hearing or trial at which imputation is sought.
- b. Income at a level that a party has not previously ever earned in the past, unless recently degreed, licensed, certified, relicensed, or recertified and thus qualified for, subject to geographic location, with due consideration being given to the parties' current existing parental obligations and time-sharing plan and their historical compliance with the plan.
- (c) Public assistance as defined in s. 409.2554 shall be excluded from gross income.
- (3) <u>Net income is obtained by subtracting</u> allowable deductions from gross income. <u>Allowable deductions</u> shall include:
- (a) Federal, state, and local income tax deductions, adjusted for actual filing status and allowable dependents and income tax liabilities.
- (b) Federal insurance contributions or self-employment tax.
  - (c) Mandatory union dues.
  - (d) Mandatory retirement payments.
- (e) Health insurance payments, excluding payments for coverage of the minor child.
- (f) Court-ordered support for other children which is actually paid.
- (g) Spousal support paid pursuant to a court order from a previous marriage or the marriage before the court.

## HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. 1

- (4) Net income for  $\underline{\text{each parent}}$  the obligor and net income for the obligee shall be computed by subtracting allowable deductions from gross income.
- (5) Net income for <u>each parent</u> the <u>obligor and net income</u> for the <u>obligee</u> shall be added together for a combined net income.
- (6) The following <u>guidelines</u> schedules shall be applied to the combined net income to determine the minimum child support need:

Combined Monthly Net Child or Children

Available Income

182		One	Two	Three	Four	Five	Six
186	650.00	74	75	75	76	77	78
87	700.00	119	120	121	123	124	125
188	750.00	164	166	167	169	171	173
189	800.00	190	211	213	216	218	220
190	850.00	202	257	259	262	265	268
191	900.00	213	302	305	309	312	315
192	950.00	224	347	351	355	359	363
193	1000.00	235	365	397	402	406	410
194	1050.00	246	382	443	448	453	458
195	1100.00	258	400	489	495	500	505

	Amendmen	it No. 1						
	1150.00	269	417	522	541	547	553	
197	1200.00	280	435	544	588	594	600	
198	1250.00	290	451	565	634	641	648	
199	1300.00	300	467	584	659	688	695	
200								
201	1350.00	310	482	603	681	735	743	
	1400.00	320	498	623	702	765	790	
202	1450.00	330	513	642	724	789	838	
203	1500.00	340	529	662	746	813	869	
204	1550.00	350	544	681	768	836	895	
205	1600.00	360	560	701	790	860	920	
206	1650.00	370	575	720	812	884	945	
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208		380	591	740	833	907	971	
0.00	1750.00	390	606	759	855	931	996	
209	1800.00	400	622	779	877	955	1022	
210	1850.00	410	638	798	900	979	1048	
211	1900.00	421	654	818	923	1004	1074	
212	1950.00	431	670	839	946	1029	1101	
213								
214	2000.00	442	686	859	968	1054	1128	
214	2050.00	452	702	879	991	1079	1154	

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No.	. 1	
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215	2100.00	463	718	899	1014	1104	1181	
216	2150.00	473	734	919	1037	1129	1207	
217	2200.00	484	751	940	1060	1154	1234	
218	2250.00	494	767	960	1082	1179	1261	
219	2300.00	505	783	980	1105	1204	1287	
220	2350.00	515	799	1000	1128	1229	1314	
221	2400.00	526	815	1020	1151	1254	1340	
222	2450.00	536	831	1041	1174	1279	1367	
223	2500.00	547	847	1061	1196	1304	1394	
224	2550.00	557	864	1081	1219	1329	1420	
225	2600.00	568	880	1101	1242	1354	1447	
226	2650.00	578	896	1121	1265	1379	1473	
227	2700.00	588	912	1141	1287	1403	1500	
228	2750.00	597	927	1160	1308	1426	1524	
229	2800.00	607	941	1178	1328	1448	1549	
230	2850.00	616	956	1197	1349	1471	1573	
231	2900.00	626	971	1215	1370	1494	1598	ļ
232	2950.00	635	986	1234	1391	1517	1622	
<b>3</b> 33								

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	Amendmen	it No. 1					
	3000.00	644	1001	1252	1412	1540	1647
234							
	3050.00	654	1016	1271	1433	1563	1671
235	3100.00	663	1031	1289	1453	1586	1695
236			1001	1200	1400	1300	1000
	3150.00	673	1045	1308	1474	1608	1720
237							
	3200.00	682	1060	1327	1495	1631	1744
238	3250.00	691	1075	1345	1516	1654	1769
239					1010	1001	1,00
	3300.00	701	1090	1364	1537	1677	1793
240	2250 00	710	1105	1 200	1550	4.50.0	4.04.0
0.41	3350.00	710	1105	1382	1558	1700	1818
241	3400.00	720	1120	1401	1579	1723	1842
242							
	3450.00	729	1135	1419	1599	1745	1867
243	3500.00	738	1140	1420	1 600	1760	1001
244	3300.00	736	1149	1438	1620	1768	1891
244	3550.00	7 <b>4</b> 8	1164	1456	1641	1791	1915
245							
	3600.00	757	1179	1475	1662	1814	1940
246	3650.00	767	1194	1493	1683	1837	1964
247	3000.00	, 5 .	1131	1499	1003	1057	1904
	3700.00	776	1208	,1503	1702	1857	1987
248							
	3750.00	784	1221	1520	1721	1878	2009
249	3800.00	793	1234	1536	1740	1899	2031
250		-			1,10	1000	2001
	3850.00	802	1248	1553	1759	1920	2053
251	2000 22	011	1061	4.55.6	4		
	3900.00	811	1261	1570	1778	1940	2075
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252	3950.00	819	1275	1587	1797	1961	2097
253	4000.00	828	1288	1603	1816	1982	2119
254	4050.00	837	1302	1620	1835	2002	2141
255		846	1315	1637	1854	2023	2163
256	1100100				1004	2025	
	4150.00	854	1329	1654	1873	2044	2185
257	4200.00	863	1342	1670	1892	2064	2207
258	4250.00	872	1355	1687	1911	2085	2229
259	4300.00	881	1369	1704	1930	2106	2251
260	4350.00	889	1382	1721	1949	2127	2273
261			1001	1,41	1313	2.12.7	2213
	4400.00	898	1396	1737	1968	2147	2295
262	4450.00	907	1409	1754	1987	2168	2317
263	4500.00	916	1423	1771	2006	2189	2339
264	4550.00	924	1436	1788	2024	2209	2361
265	4600.00	933	1450	1804	2043	2230	2384
266	4650.00	942	1463	1821	2062	2251	2406
267							
268	4700.00	951	1477	1838	2081	2271	2428
	4750.00	959	1490	1855	2100	2292	2450
269	4800.00	968	1503	1871	2119	2313	2472
<b>3</b> 70							

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	4850.00	977	1517	1888	2138	2334	2494
271	4900.00	986	1530	1905	2157	2354	2516
272	4950.00	993	1542	1927	2174	2372	2535
273	5000.00	1000	1551	1939	2188	2387	2551
274	5050.00	1006	1561	1952	2202	2402	2567
275	5100.00	1013	1571	1964	2215	2417	2583
276	5150.00	1019	1580	1976	2229	2432	2599
277	5200.00	1025	1590	1988	2243	2447	2615
278	5250.00	1032	1599	2000	2256	2462	2631
279	5300.00	1038	1609	2012	2270	2477	2647
280	5350.00	1045	1619	2024	2283	2492	2663
281	5400.00	1051	1628	2037	2297	2507	2679
282	5450.00	1057	1638	2049	2311	2522	2695
283	5500.00	1064	1647	2061	2324	2537	2711
284	5550.00	1070	1657	2073	2338	2552	2727
285	5600.00	1077	1667	2085	2352	2567	2743
286	5650.00	1083	1676	2097	2365	2582	2759
287						2597	2775
288	5700.00	1089	1686	2109	2379		
	5750.00	1096	1695	2122	2393	2612	2791

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289	5800.00	1102	1705	2134	2406	2627	2807
290	5850.00	1107	1713	2144	2418	2639	2820
291	5900.00	1111	1721	2155	2429	2651	2833
292	5950.00	1116	1729	2165	2440	2663	2847
293				<u> </u>			
	6000.00	1121	1737	2175	2451	2676	2860
294	6050.00	1126	1746	2185	2462	2688	2874
295	6100.00	1131	1754	2196	2473	2700	2887
296	6150.00	1136	1762	2206	2484	2712	2900
297	6200.00	1141	1770	2216	2495	2724	2914
	0200.00	T T 4 T	1770	2210	2495	2124	2914
298	6250.00	1145	1778	2227	2506	2737	2927
299	6300.00	1150	1786	2237	2517	2749	2941
300	6350.00	1155	1795	2247	2529	2761	2954
301	6400.00	1160	1803	2258	2540	2773	2967
302	6450.00	1165	1811	2268	2551	2785	2981
303							
	6500.00	1170	1819	2278	2562	2798	2994
304	6550.00	1175	1827	2288	2573	2810	3008
305	6600.00	1179	1835	2299	2584	2822	3021
306	6650.00	1184	1843	2309	2595	2834	3034
<b>6</b> 07							
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	Amendmen	nt No. 1					
	6700.00	1189	1850	2317	2604	2845	3045
308	6750.00	1193	1856	2325	2613	2854	3055
309	6800.00	1196	1862	2332	2621	2863	3064
310	6850.00	1200	1868	2340	2630	2872	3074
311	6900.00	1204	1873	2347	2639	2882	3084
312	6950.00	1204	1879	2355	2647	2891	3094
313	7000.00	1212	1885	2362	2656	2900	3103
314	7050.00	1216	1891	2370	2664	2909	3113
315	7100.00	1220	1897	2378	2673	2919	3123
316	7150.00	1224	1903	2385	2681	2928	3133
317	7200.00	1228	1909	2393	2690	2937	3142
318	7250.00	1232	1915	2400	2698	2946	3152
319	7300.00	1235	1921	2408	2707	2956	3162
320	7350.00	1239	1927	2415	2716	2965	3172
321	7400.00	1243	1933	2423	2724	2974	3181
322	7450.00	1247	1939	2430	2733	2983	3191
323	7500.00	1251	1945	2438	2741	2993	3201
324	7550.00	1255	1951	2446	2750	3002	3211
325	7600.00	1259	1957	2453	2758	3011	3220
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326	7650.00	1263	1963	2461	2767	3020	3230
327	7700.00	1267	1969	2468	2775	3030	3240
328	7750.00	1271	1975	2476	2784	3039	3250
329	7800.00	1274	1981	2483	2792	3048	3259
330	7850.00	1278	1987	2491	2801	3057	3269
331	7900.00	1282		2498	2810	3067	3279
332			1992				
333	7950.00	1286	1998	2506	2818	3076	3289
334	8000.00	1290	2004	2513	2827	3085	3298
	8050.00	1294	2010	2521	2835	3094	3308
35	8100.00	1298	2016	2529	2844	3104	3318
336	8150.00	1302	2022	2536	2852	3113	3328
337	8200.00	1306	2028	2544	2861	3122	3337
338	8250.00	1310	2034	2551	2869	3131	3347
339	8300.00	1313	2040	2559	2878	3141	3357
340	8350.00	1317	2046	2566	2887	3150	3367
341	8400.00	1321	2052	2574	2895	3159	3376
342							3386
343	8450.00	1325	2058	2581	2904	3168	
44	8500.00	1329	2064	2589	2912	3178	3396

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2.45	8550.00	1333	2070	2597	2921	3187	3406
345	8600.00	1337	2076	2604	2929	3196	3415
346	8650.00	1341	2082	2612	2938	3205	3425
347	8700.00	1345	2088	2619	2946	3215	3435
348	8750.00	1349	2094	2627	2955	3224	3445
349	8800.00	1352	2100	2634	2963	3233	3454
350	8850.00	1356	2106	2642	2972	3242	3464
351	8900.00	1360	2111	2649	2981	3252	3474
352	8950.00	1364	2117	2657	2989	3261	3484
353	9000.00	1368	2123	2664	2998	3270	3493
354	9050.00	1372	2129	2672	3006	3279	3503
355	9100.00	1376	2135	2680	3015	3289	3513
356	9150.00	1380	2141	2687	3023	3298	3523
357	9200.00	1384	2147	2695	3032	3307	3532
358	9250.00	1388	2153	2702	3040	3316	3542
359	9300.00	1391	2159	2710	3049	3326	3552
360	9350.00	1395	2165	2717	3058	3335	3562
361	9400.00	1399	2171	2725	3066	3344	3571
362							
	9450.00	1403	2177	2732	3075	3353	3581

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363	9500.00	1407	2183	2740	3083	3363	3591	
364	9550.00	1411	21.89	2748	3092	3372	3601	
365	9600.00	1415	2195	2755	3100	3381	3610	
366	9650.00	1419	2201	2763	3109	3390	3620	
367	9700.00	1422	2206	2767	3115	3396	3628	
368	9750.00	1425	2210	2772	3121	3402	3634	
369	9800.00	1427	2213	2776	3126	3408	3641	
370	9850.00	1430	2217	2781	3132	3414	3647	
371	9900.00	1432	2221	2786	3137	3420	3653	
<b>3</b> 72	9950.00	1435	2225	2791	3143	3426	3659	
373	10000.0	1437	2228	2795	3148	3432	3666	
	0	·						

For combined monthly available income less than the amount set out on the above schedules, the parent should be ordered to pay a child support amount, determined on a case-by-case basis, to establish the principle of payment and lay the basis for increased orders should the parent's income increase in the future. For combined monthly available income greater than the amount set out in the above schedules, the obligation shall be the minimum amount of support provided by the guidelines schedule plus the following percentages multiplied by the amount of income over \$10,000:

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Child or Children

386	One	Two	Three	Four	Five	Six
387	5.0%	7.5%	9.5%	11.0%	12.0%	12.5%

These percentages should not be employed to determine child support beyond the amount necessary to satisfy the reasonable needs of the child or children.

- (7) Child care costs incurred on behalf of the children due to employment, job search, or education calculated to result in employment or to enhance income of current employment of either parent shall be reduced by 25 percent and then shall be added to the basic obligation. After the adjusted child care costs are added to the basic obligation, any moneys prepaid by the noncustodial parent for child care costs for the child or children of this action shall be deducted from that noncustodial parent's child support obligation for that child or those children. Child care costs shall not exceed the level required to provide quality care from a licensed source for the children.
- (8) Health insurance costs resulting from coverage ordered pursuant to s. 61.13(1)(b), and any noncovered medical, dental, and prescription medication expenses of the child, shall be added to the basic obligation unless these expenses have been ordered to be separately paid on a percentage basis. After the health insurance costs are added to the basic obligation, any moneys prepaid by the noncustodial parent for health-related costs for the child or children of this action shall be deducted from that noncustodial parent's child support obligation for that child or those children.

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- (9) Each parent's percentage share of the child support need shall be determined by dividing each parent's net monthly income by the combined net monthly income.
- determined by adding child care costs and health insurance costs to the minimum child support need. Each parent's actual dollar share of the total minimum child support need shall be determined by multiplying the minimum child support need by each parent's percentage share of the combined monthly net income.
- (11)(a) The court may adjust the <u>total</u> minimum child support award, or either or both parents' share of the <u>total</u> minimum child support award, based upon the following <u>deviation</u> factors considerations:
- 1. Extraordinary medical, psychological, educational, or dental expenses.
- 2. Independent income of the child, not to include moneys received by a child from supplemental security income.
- 3. The payment of support for a parent which regularly has been paid and for which there is a demonstrated need.
- 4. Seasonal variations in one or both parents' incomes or expenses.
- 5. The age of the child, taking into account the greater needs of older children.
- 6. Special needs, such as costs that may be associated with the disability of a child, that have traditionally been met within the family budget even though the fulfilling of those needs will cause the support to exceed the presumptive amount established by the proposed guidelines.
- 7. Total available assets of the obligee, obligor, and the child.

exemption and waiver of that exemption and the impact of any

Service dependency exemption if the noncustodial parent is

current support resulting from a single support order.

federal child care tax credit. The court may order the primary residential parent to execute a waiver of the Internal Revenue

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current in support payments.

9. When application of the child support guidelines
requires a person to pay another person more than 55 percent of
his or her gross income for a child support obligation for

The impact of the Internal Revenue Service dependency

- 10. The particular <u>parenting shared parental</u> arrangement, such as where the child spends a significant amount of time, but less than <u>20</u> 40 percent of the overnights, with the noncustodial parent, thereby reducing the financial expenditures incurred by the primary residential parent; or the refusal of the noncustodial parent to become involved in the activities of the child.
- 11. Any other adjustment which is needed to achieve an equitable result which may include, but not be limited to, a reasonable and necessary existing expense or debt. Such expense or debt may include, but is not limited to, a reasonable and necessary expense or debt which the parties jointly incurred during the marriage.
- (b) Whenever a particular <u>parenting</u> shared parental arrangement provides that each child spend a substantial amount of time with each parent, the court shall adjust any award of child support, as follows:
- 1. In accordance with subsections (9) and (10), calculate the amount of support obligation apportioned to the noncustodial parent without including day care and health insurance costs in the calculation and multiply the amount by 1.5.

## HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No. 1

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- 2. In accordance with subsections (9) and (10), calculate the amount of support obligation apportioned to the custodial parent without including day care and health insurance costs in the calculation and multiply the amount by 1.5.
- 3. Calculate the percentage of overnight stays the child spends with each parent.
- 4. Multiply the noncustodial parent's support obligation as calculated in subparagraph 1. by the percentage of the custodial parent's overnight stays with the child as calculated in subparagraph 3.
- 5. Multiply the custodial parent's support obligation as calculated in subparagraph 2. by the percentage of the noncustodial parent's overnight stays with the child as calculated in subparagraph 3.
- 6. The difference between the amounts calculated in subparagraphs 4. and 5. shall be the monetary transfer necessary between the custodial and noncustodial parents for the care of the child, subject to an adjustment for day care and health insurance expenses.
- 7. Pursuant to subsections (7) and (8), calculate the net amounts owed by the custodial and noncustodial parents for the expenses incurred for day care and health insurance coverage for the child. Day care shall be calculated without regard to the 25 percent reduction applied by subsection (7).
- 8. Adjust the support obligation owed by the custodial or noncustodial parent pursuant to subparagraph 6. by crediting or debiting the amount calculated in subparagraph 7. This amount represents the child support which must be exchanged between the custodial and noncustodial parents. However, if the amount to be paid is more than the child support which would be paid had the child support been calculated without adjustment for substantial

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parenting time, the court shall order child support to be paid without <u>making the</u> otherwise mandatory <u>adjustment required</u> by

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paragraph 11(b). 508 9.

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The court may deviate from the child support amount calculated pursuant to subparagraph 8. based upon the deviation factors considerations set forth in paragraph (a), as well as the custodial parent's low income of either parent or the inability of either parent and ability to maintain the basic necessities of the home for the child, the likelihood that the noncustodial parent will actually exercise the visitation granted by the court, and whether all of the children are exercising the same parenting shared parental arrangement.

- For purposes of adjusting any award of child support under this paragraph, "substantial amount of time" means that the noncustodial parent exercises visitation at least 20 40 percent of the overnights of the year.
- A noncustodial parent's failure to regularly exercise court-ordered or agreed visitation not caused by the custodial parent which resulted in the adjustment of the amount of child support pursuant to subparagraph (a) 10. or paragraph (b) shall be deemed a substantial change of circumstances for purposes of modifying the child support award. A modification pursuant to this paragraph shall be retroactive to the date the noncustodial parent first failed to regularly exercise court-ordered or agreed visitation.
- (d) A split parenting arrangement exists when there is more than one child in common and each parent has the majority of the overnight timesharing for one or more of the children. In cases involving split parenting arrangements, the court shall calculate and order child support as follows:

- 1. The court shall make two separate child support calculations, one for each child or group of children residing for a majority of the overnights with each parent.
- 2. The obligations arising from each initial child support calculation shall be offset; the lower support obligation shall be subtracted from the higher support obligation to determine the split parenting child support obligation.
- 3. The parent owing the greater amount of child support in subparagraph (d)1. shall pay the split parenting child support obligation to the other parent.
- (12)(a) A parent with a support obligation may have other children living with him or her who were born or adopted after the support obligation arose. If such subsequent children exist, the court, when considering an upward modification of an existing award, may disregard the income from secondary employment obtained in addition to the parent's primary employment if the court determines that the employment was obtained primarily to support the subsequent children.
- (b) Except as provided in paragraph (a), the existence of such subsequent children should not as a general rule be considered by the court as a basis for disregarding the amount provided in the guidelines schedule. The parent with a support obligation for subsequent children may raise the existence of such subsequent children as a justification for deviation from the guidelines schedule. However, if the existence of such subsequent children is raised, the income of the other parent of the subsequent children shall be considered by the court in determining whether or not there is a basis for deviation from the guideline amount.
- (c) The issue of subsequent children under paragraph (a) or paragraph (b) may only be raised in a proceeding for an

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upward modification of an existing award and may not be applied to justify a decrease in an existing award.

- (13) If the recurring income is not sufficient to meet the needs of the child, the court may order child support to be paid from nonrecurring income or assets.
- of child support shall be accompanied by an affidavit which shows the party's income, allowable deductions, and net income computed in accordance with this section. The affidavit shall be served at the same time that the petition is served. The respondent, whether or not a stipulation is entered, shall make an affidavit which shows the party's income, allowable deductions, and net income computed in accordance with this section. The respondent shall include his or her affidavit with the answer to the petition or as soon thereafter as is practicable, but in any case at least 72 hours prior to any hearing on the finances of either party.
- (15) For purposes of establishing an obligation for support in accordance with this section, if a person who is receiving public assistance is found to be noncooperative as defined in s. 409.2572, the IV-D agency is authorized to submit to the court an affidavit attesting to the income of the custodial parent based upon information available to the IV-D agency.
- (16) The Legislature shall review the guidelines established in this section at least every 4 years beginning in 1997.
- (17) In an initial determination of child support, whether in a paternity action, dissolution of marriage action, or petition for support during the marriage, the court has discretion to award child support retroactive to the date when

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the parents did not reside together in the same household with the child, not to exceed a period of 24 months preceding the filing of the petition, regardless of whether that date precedes the filing of the petition. In determining the retroactive award in such cases, the court shall consider the following:

- (a) The court shall apply the guidelines <u>schedule</u> in effect at the time of the hearing subject to the obligor's demonstration of his or her actual income, as defined by subsection (2), during the retroactive period. Failure of the obligor to so demonstrate shall result in the court using the obligor's income at the time of the hearing in computing child support for the retroactive period.
- (b) All actual payments made by the noncustodial parent to the custodial parent or the child or third parties for the benefit of the child throughout the proposed retroactive period.
- (c) The court should consider an installment payment plan for the payment of retroactive child support.

Section 3. Paragraph (a) of subsection (5) of section 409.2563, Florida Statutes, is amended to read:

409.2563 Administrative establishment of child support obligations.--

- (5) PROPOSED ADMINISTRATIVE SUPPORT ORDER. --
- (a) After serving notice upon the noncustodial parent in accordance with subsection (4), the department shall calculate the noncustodial parent's child support obligation under the child support guidelines as provided by s. 61.30, based on any timely financial affidavits received and other information available to the department. If either parent fails to comply with the requirement to furnish a financial affidavit, the department may proceed on the basis of information available from any source, if such information is sufficiently reliable

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and detailed to allow calculation of guideline amounts under s. 61.30. If the custodial parent receives public assistance and fails to submit a financial affidavit, the department may submit a financial affidavit for the custodial parent pursuant to s. 61.30(15). If there is a lack of sufficient reliable information concerning a parent's actual earnings for a current or past period, it shall be presumed for the purpose of establishing a support obligation that a the parent who is a Florida resident or whose residence is unknown had an earning capacity equal to the Florida federal minimum wage on a full-time basis during the applicable period, unless the parent shows that he or she is a resident of another state, in which case the state minimum wage applicable to the parent's state of residence shall apply if it is greater than the Florida minimum wage. In the absence of a state minimum wage, or if the other state's minimum wage is lower than the Florida minimum wage, the federal minimum wage shall apply.

Section 4. Subsection (10) of section 409.2564, Florida Statutes, is amended to read:

409.2564 Actions for support.--

(10) For the purposes of denial, revocation, or limitation of an individual's United States passport, consistent with 42 U.S.C. s. 652(k)(1), the Title IV-D agency shall have procedures to certify to the Secretary of the United States Department of Health and Human Services, in the format and accompanied by such supporting documentation as the secretary may require, a determination that an individual owes arrearages of support in an amount exceeding \$2,500 \$5,000. Said procedures shall provide that the individual be given notice of the determination and of the consequence thereof and that the individual shall be given an opportunity to contest the accuracy of the determination.

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Section 5. Section 409.25641, Florida Statutes, is amended to read:

409.25641 Procedures for processing automated administrative enforcement requests.--

- (1) The <u>department</u> Title IV-D agency shall use automated administrative enforcement, as defined in <u>Title IV-D of</u> the <u>Social Security Act</u>, in response to a request from another state to enforce a support order and shall promptly report the results of enforcement action to the requesting state.
  - (2) This request:
- (a) May be transmitted from the other state by electronic or other means.
- (b) Shall contain sufficient identifying information to allow comparison with the databases within the state which are available to the department. Title IV D agency; and
- (c) Shall constitute a certification by the requesting state:
  - 1. Of the amount of arrearage accrued under the order; and
- 2. That the requesting state has complied with all procedural due process requirements applicable to the case.
- agency to another state as prescribed above, the department may not neither state shall consider the case to be transferred from the caseload of the other state to the caseload of the department, but the department may establish a corresponding case based on the other state's request for assistance Title IV—D agency.
- (4) The <u>department</u> Title IV-D agency shall maintain a record of:
  - (a) The number of requests received;

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- (b) The number of cases for which the  $\underline{\text{department}}$   $\underline{\text{Title IV-}}$   $\underline{\text{D agency}}$  collected support in response to such a request; and
  - (c) The amount of such collected support.
- (5) The department shall have authority to adopt rules to implement this section.

Section 6. The Office of Program Policy Analysis and Government Accountability shall evaluate the effectiveness of the system currently used for complying with the federal requirement that states review their child support guidelines at least once every 4 years. The evaluation shall include a comparison of all available methodologies being utilized by other states in conducting their reviews of their child support guidelines and include recommendations for either maintaining the current review process with the Legislature or transferring the responsibility to another entity. A report shall be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 31, 2007.

Section 7. This act shall take effect October 1, 2006.

 Remove the entire title and insert:

An act relating to child support; amending s. 61.13, F.S.; requiring either or both parents who owe support to secure a child support award; amending s. 61.30, F.S.; providing conditions for the imputation of income by the court under certain circumstances; providing for the determination of net income; providing the child support guidelines schedule; providing for income levels above what is reflected in the schedule; revising amount of child care costs to be added to the

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basic child support obligation; revising method for calculating
each parent's percentage share of the child support need;
revising method of calculating the total minimum child support
need; revising factors to be considered by the court in
adjusting child support awards; providing for calculation of
child support orders in cases of split parenting arrangements;
specifying the method for determining a child support order
amount; amending s. 409.2563, F.S.; providing for the imputation
of income under certain circumstances; amending s.409.2564,
F.S.; providing a threshold for arrearages before passport
restrictions apply; amending s. 409.25641, F.S.; requiring the
Department of Revenue to employ automated administrative
enforcement of support orders in interstate cases; authorizing
the department to establish a corresponding case under certain
circumstances; requiring the Office of Program Policy Analysis
and Government Accountability to evaluate state compliance with
federally required review of child support guidelines and
provide a report to the Governor and Legislature; providing an
effective date.